

# Strategic Response to the Comprehensive Spending Review 2008-2011

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## 1. Introduction

On 24 October 2008 the Northern Health and Social Care Trust published its vision for the future of health and care services across the Trust area - *Modernising Health and Social Care Services*. The document included proposals, set out at a high level, for developing or modernising existing services to make more effective use of current resources. It detailed new ways of working to realise savings that can be redirected towards front line service delivery and was a response to the Comprehensive Spending Review (CSR) efficiency requirements.

From 8 January until 6 March 2009 the Trust consulted on detailed Consultation and Equality Impact Assessment (EQIA) documents on the following proposals in fulfilment of its commitments under Section 75 of the Northern Ireland Act 1998:

- Reconfiguration of Acute Hospital Services
- Reform and Modernisation of Children's Services
- Traffic Management at Northern Health and Social Care Trust
- Reprovision of the Trust's Residential Homes
- Reconfiguration of Domiciliary Care Services
- Reform and Modernisation of Mental Health Services
- Reform and Modernisation of Learning Disability Services

The proposals, as set out above, were each subjected to an Equality Impact Assessment to determine any adverse impact on one or more of the nine equality categories as follows:

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

The purpose of the consultation was to seek views on the proposals from a wide range of stakeholders including service users, staff, public and public representatives, other statutory and independent sector organisations, Trade Unions, representative groups and professional bodies. This document summarises those views and contributions received from a range of individuals, organisations and groups, and through a range media from individual meetings, public meetings and written responses. The Trust Board will give consideration to the wide range of views and comments received in making their final recommendations on the proposals and would wish to thank everyone for their contributions.

## **2. CONSULTATION**

The Consultation process was launched by sending correspondence to all those listed in the Trust's Consultation Database informing them that the Trust's Consultation and Equality Impact Assessment Documents were available on the Trust's website (available to the public), from the Trust Equality Unit or from the Trust intranet (a computer network available within the Trust to Trust staff).

A total of 533 written responses were received. (See Appendix 1 for list of all those who responded in writing). Please note that all comments received from Stage 1 consultation process, appropriate to the individual proposals, have been included in this report.

During the consultation period the Trust

- ◆ Received 533 Written Responses
- ◆ Received 10 Petitions – 19,266 signatures
- ◆ Held 4 Public Meetings
- ◆ Held 10 Chief Executive Staff Briefings
- ◆ Held 33 Specific Project Staff Meetings
- ◆ Held 14 Specific Users and Carers Meetings
- ◆ Attended 15 Meetings with Local Councils
- ◆ Attended 23 Meetings with Public Representatives
- ◆ Held 17 Meetings with Representative Organisations
- ◆ Held fortnightly Staff Side Meetings
- ◆ Answered 19 Assembly Questions
- ◆ Answered 39 Media Inquiries
- ◆ Featured in 204 Newspaper Articles that mentioned CSR proposals

(See appendix 2 for full list of all meetings held)

### 4. Responses received

#### Proposal - Reconfiguration of Acute Hospital Services

The Trust received a total of 12 written responses providing feedback on this proposal.

The table below details the key themes that were raised in the written responses.

	Total No	%
The closure of Whiteabbey and Mid-Ulster will put additional pressure on the other already stretched 2 hospitals	12	21.1
It will take longer than the "golden hour" to travel from some remote parts of the district	5	8.8
Seen as further cut to services and jobs	4	7.0
Capacity of Belfast Trust to cope with additional pressure	4	7.0
Inadequate public transport network to Antrim and Causeway	3	5.3
The extension of 48 acute beds in Antrim and that of the new Health and Care Centres would require approval of capital expenditure. Has this yet to be secured and how long will it take?	3	5.3
Transport and accessibility is an issue for residents of rural communities	3	5.3
Mid-Ulster patients will experience unnecessary inconvenience, stress and financial pressure by travelling to Antrim	2	3.5
Centralising services has contributed to issues regarding MRSA, Breast cancer screening, endoscopes C-Dificile and maternity services	2	3.5
Capacity of ambulance service to cope with added pressure	2	3.5
Use of mitigations for adverse impact re religious belief inappropriate	2	3.5
Provision of future day surgery services not clear	1	1.8
The public do not understand the issues surrounding the working hours and conditions of doctors and the training status implications	1	1.8
New accommodation at Antrim should have been in place before any proposals were formulated	1	1.8

The experience for people living in the Dungannon area is that the introduction of a minor injuries clinic at South Tyrone Hospital has been a failure	1	1.8
Are these cuts in the best interest of the patient	1	1.8
Opposed to Band 7 Nurse Managers working across 2 or more geographical sites	1	1.8
Will the capital and revenue investment for additional capacity for Antrim be made available	1	1.8
No time was given to raise issues re acute at Carrickfergus public meeting	1	1.8
Query regarding business case for 24 bedded rehab ward and 12 bedded palliative care ward	1	1.8
Accessibility of public information re future provision	1	1.8
Have alternative for staff training been considered	1	1.8
How will community based services be developed and what resources will be dedicated to this	1	1.8
Will Belfast Trust and NIAS be able to accommodate the increased demand that will result from the changes?	1	1.8
Hayes – clinical evidence that trauma outcomes require a half hour approach – not 'golden hour'	1	1.8
Mitigate for staff re gender and age is inappropriate	1	1.8

The following issues were raised about the Reconfiguration of Acute Hospital Services at the Trust's Public Meetings:

- ◆ A&E Mid Ulster should be kept open 24 hours
- ◆ There is already a considerable waiting time in A&E in Causeway & Antrim, this is going to be added to
- ◆ A video link was promised for Dalriada Hospital to link up with doctors in Causeway, this was never put in place
- ◆ Can a better ambulance service be provided for those who have to make the journey to Antrim
- ◆ Can the hospitals recruit more doctors
- ◆ In the Mid Ulster area when Mid Ulster Hospital closes which hospital should you travel to if you have a stroke
- ◆ Before the inpatient and day care beds be withdrawn from Mid Ulster can the Trust guarantee that these beds will be in place in Antrim
- ◆ If Antrim were to provided more specialist services more people would

- be willing to travel to Antrim
- ♦ Can the money saved be put into primary services like CPR so there would be less concerns about the quality of the ambulance service
- ♦ More specialist services should be provided in Antrim as many patients are being flown to England for treatment
- ♦ Will losing beds in Mid Ulster result in job losses of domestic and portering staff
- ♦ In relation to privatisation will you not look at other examples within hospital e.g. cleaning services

The Trust held eight staff meetings to discuss this proposal and gather feedback. The following key themes emerged from the staff meetings:

- ♦ Continual communication with staff is essential
- ♦ Will vacancy controls be implemented to protect staff jobs?
- ♦ Will Antrim Ward Block be open prior to reduction of services in Whiteabbey?

The Trust received a petition entitled 'Save our Services' signed by 2,340 and responded to six media inquiries about the Reconfiguration of Acute Hospital Services. This proposal was also mentioned in 39 newspaper articles.

## Reform and Modernisation of Children's Services

### Proposal – Review of Mainstream Residential Care for Children which includes the following 2 proposals

- ◆ The renegotiation of the Linden Contract
- ◆ The reprioritisation of investment in Princes Gardens

The Trust received a total of 10 written responses providing feedback on this proposal.

The table below details the themes that were raised in the written responses.

	Total No	%
Already shortage of foster parents/difficult to recruit	8	10
Foster care not suitable for those with challenging behaviour/Princes Gardens meets these needs	8	10
Proposal would have adverse effect on young people	8	10
Princes Gardens provides high standard of care	7	9
Concern that alternative employment would not be suitable to locality	7	9
Lack of consultation with young people	7	9
Strategic direction values role played by residential facilities	6	7
Princes Gardens is 'fit for purpose' – RQIA has commended the unit	5	6
Significant number of young people using Princes Gardens have learning disabilities	5	6
Staff in Princes Gardens have appropriate skills/training support and supervision	5	6
Concern there will be job losses	4	5
Support services for foster carers need to be developed	4	5
Concern that proposal driven by efficiency targets	2	2
Princes Gardens operates at maximum capacity	1	1
Qualified staff in Princes Gardens feel very vulnerable	1	1
Trust has failed to invest in Princes Gardens	1	1
Proposal engages HR articles	1	1



Voice of Young People in Care (VOYPIC) carried out a consultation process with the young people currently living in Princes Gardens. The following key themes emerged from this consultation process:

- ◆ If Princes Gardens gets high marks in Inspection - why is it closing?
- ◆ Princes Gardens is home to the young people
- ◆ The young people are worried about what will happen in the future
- ◆ Friendships will be broken if children have to leave Princes Gardens
- ◆ The young people do not want to 'start over' in a strange place
- ◆ Concerns regarding impact of move on education

The Trust held 2 meetings with the staff of Princes Gardens. The staff were mainly concerned for the children's future and about their own future employment.

The Trust held a meeting with Extern regarding the renegotiation of the Linden contract. Extern raised the following issues:

- ◆ Concern regarding level of cuts being proposed for young people
- ◆ Several services in Linden package
- ◆ Request assurance that alternative, comparable service will be provided

The Trust received a petition entitled 'Save our Services' signed by 2,340 and responded to one media inquiry about Princes Gardens. Princes Gardens was mentioned in 3 newspaper articles.

## Proposal – Replace the Service Provided in Cherry Lodge Residential Facility with 12 Specialist Salaried Carers

The Trust received a total of 90 written responses providing feedback on this proposal.

The table below details the key themes that were raised in the written responses.

	Total No	%
Will foster care provide respite	21	8
The staff at Cherry Lodge are well trained to care for children with complex special needs and challenging behaviours	24	8
Closure of Cherry Lodge will have an impact on the health and well being of the parents of the children who use the service	21	8
Children meet friends when at Cherry Lodge/positive social opportunities	19	7
Have the cost of foster carers and recruitment issues been considered	18	6
Other facilities not suitable for all service users eg travel time	14	5
A foster care environment can not equal the care at Cherry Lodge and will not meet needs	13	5
Service users views not sought prior to publication of proposal	11	4
Will foster carers be police checked/vetted ie. Access NI including neighbours, friends and relatives	10	4
Cherry Lodge provides 24 hour care	12	4
Adaptations and special equipment will have to be provided for foster carers' homes	12	4
Removal of Cherry Lodge equals removal of Children's Human Rights – choice is being removed	12	4
Cost of training new carers.	9	3
Children who use Cherry Lodge find change to be difficult and frustrating	7	3
The facilities like Cherry Lodge should be increased as opposed to decreased	8	3
What allowances are being made for life crisis and illness in foster care homes	9	3
Choice is being removed from those staff who wish to work in a residential respite unit this will reduce opportunities for staff who work in this field/ fears about job security	9	3
Children look forward to visiting Cherry Lodge and enjoy their stay there	6	2

No research was carried out prior to developing the proposal	5	2
There is a waiting list for Cherry Lodge/unmet need	6	2
Trust must work in partnership with parents to develop new proposals	6	2
Who will provide practical and emotional support to parents of Cherry Lodge	3	1
In a foster care environment, will the children accept other children in the family	2	1
Previous experiences of foster care have indicated that this service is not suitable for children with complex needs	4	1
Has a risk assessment and management of risk exercise been carried out	1	1
Will salaried carers be supported by cleaner/cook as is the case in the Trusts residential respite units	3	1
Children and parents are being discriminated against	4	1
Services should be tailored to fit the needs of users and carers – some children will need residential respite.	2	1
Cherry Lodge is a valuable community resource	1	1
Replacing Cherry Lodge will require significant investment	3	1
Financial costings not provided in document	3	1

The Trust received a petition signed by 273, opposing the closure of Cherry Lodge.

The following issues were raised about the Cherry Lodge proposal at the Trust's Public Meetings:

- ◆ Not all users of Cherry Lodge want to move to Whitehaven or use foster care
- ◆ Are there other options other than contract caring?
- ◆ Where is the money going to with the closure of Cherry Lodge?
- ◆ It is currently difficult to recruit foster carers for children without disability – will it not be more difficult to recruit for children with a disability?
- ◆ What will the interim arrangements be for those children who have complex disabilities?
- ◆ What services will be available for these children in the long term?

The Trust held two meetings with the parents and carers of the children who currently attend Cherry Lodge for respite. Parents of the children on the waiting list for Cherry Lodge were also invited. The following key themes emerged from these meetings:

- ◆ Strong opposition to closure of Cherry Lodge
- ◆ Parents have total confidence and trust in the facility and staff
- ◆ Alternative proposals would reduce level of support and would not meet needs of all children
- ◆ Parents are best placed to identify needs of children
- ◆ New purpose built residential respite unit is required

Carers (NI) raised the following issues at a meeting with the Trust:

- ◆ A lot of children that foster care doesn't suit
- ◆ An age appropriate and dignified service must be provided

The Trust held several meetings with Political Representatives, including Local Councillors and Political Parties, to discuss Cherry Lodge proposal. The following feedback was received:

- ◆ Overwhelming support for the Unit
- ◆ Home based respite not suitable due to clinical risk
- ◆ High turnout at parents' meetings evidence of the concern parents feel
- ◆ Service has waiting list – how can it close?
- ◆ Concern for young people and carers
- ◆ Concern regarding proposed alternatives

The Trust had two meetings with the staff of Cherry Lodge, staff were concerned for their future employment and concerned for the young people and their families.

The Trust answered 1 Assembly Question and 3 media inquiries relating to Cherry Lodge and it was mentioned in 11 newspaper articles.

## **Proposal - Renegotiation of Independent Sector Contracts**

The Trust received 4 written responses providing feedback on this proposal. The following issues were raised:

- ◆ Implementation of proposal may result in cuts in services
- ◆ Smaller organisations will find this more difficult
- ◆ Consideration needs to be given to how voluntary sector is funded
- ◆ Blanket cut of 3% not equitable

At the Trust's Public Meeting in Antrim, the following issue was raised:

- ◆ Proposal will have adverse impact on already stretched voluntary sector

## Proposal - Traffic Management at Northern Health & Social Care Trust

The Trust received a total of 24 written responses providing feedback on this proposal.

The table below details the key themes that were raised in the written responses.

	Total No	%
Opposed to parking charges	23	19.2
Has a review taken place with the aim of improving public transport access at the sites concerned	15	12.5
Car park charges will impact on people living in rural areas	9	7.5
Will allowances for those people who will have to visit on a daily basis over a protracted time	6	5.0
Will staff be charged for car parking	6	5.0
Car parking charges at any NH sites in Scotland and Wales have been abolished are we therefore taking backward step	5	4.2
Will the management of car park being via a private company	5	4.2
Are car parking charges attacks on the infirm or their relatives	5	4.2
Will further concessions be offered in addition to the regional exemption policy	4	3.0
Those staff who continue to misuse the visitor car park should follow disciplinary procedures	4	3.0
How can those patients attending out patient appointments determine how long their appointment will take in relation to a pay and display system	4	3.0
Will blue badge holders have free or reduced cost parking	3	2.5
Will families of long term patients receive free parking eg chemotherapy patients	3	2.5
Will the revenue from the car park be directed back into service provision	2	1.7
There should be no private sector clamping input	2	1.7
Number of car parking spaces at Antrim Area Hospital need to be increased	2	1.7
Will there be an initial free parking time	2	1.7
Will staff be required to pay if they forget their car park pass	1	0.8

Will the design of the car park consider location and number of accessible parking bays re: BS8300	1	0.8
Pay and display machines must be accessible to users including disabled people	1	0.8
Is there provision to allow people who cannot use the machine to ask for assistance	1	0.8
Will patients receive fewer visitors as a result of car parking charges	1	0.8
Will there be an increased workload for finance staff to reimburse parking charges for staff who attend meetings and training at other sites	1	0.8
Will exemptions be documented to ensure uniformity ie guiding principals	1	0.8
If wheel clamping is introduced clamps should be released than the 90 minutes limit	1	0.8
Is it feasible to introduce a ticket validation system as opposed to charges	1	0.8
A public information campaign highlighting misuse of hospital car parking would be an advantage	1	0.8
Additional staff car parking is required at Causeway Hospital	1	0.8
Exemptions to car parking charges should include partners of maternity patients	1	0.8
Abuse of Antrim parking facilities as a surrogate car park for the airport should be dealt with by "name and shame"	1	0.8
Why should visitors be asked to "generate positive revenue for future developments when Antrim Area Hospital is in a green field site"	1	0.8
Abolishing prescription charges but charging for NH car park use it taking away with one hand what is being given by the other	1	0.8
Car park charging with impact on health visitors, maintenance staff, on-call staff, emergency duty staff.	1	0.8
Car park charges will encourage some service users to park off site this will create safety issues on the access roads around the hospital	1	0.8
Service users should not be asked to pay up front they should only pay for the time actually used	1	0.8
Will there be concessions for OAPs	1	0.8
Is it feasible to build a multi-storey car park instead of invoking car parking charges	1	0.8

The following issues were raised about this proposal at the Trust's Public Meetings:

- ◆ There is insufficient car parking at Antrim Hospital
- ◆ Will there be car park charges at Causeway?

This proposal was mentioned in 1 Newspaper Article.

## **Proposal - Reprovision of the Trust's Residential Homes for Older People**

The Trust received a total number of 441 written responses providing feedback on this proposal.

The following tables illustrate the key themes that emerged from the written feedback received relating to each of the Residential Homes.

### **Rathmoyle Residential Home – 29 written responses received.**

	Total No	%
Opposed to perceived 'closure' of home	28	25
The elderly population in the Ballycastle/Glens/Rathlin area is higher	13	11
Considered was a cost cutting exercise	10	9
Excellent care in the home	10	9
People too frail to be moved from home	9	8
Accessibility to amenities	9	8
Poor communication to residents at start of consultation	8	7
Supported living unworkable for some people	7	6
Lack of services in community/Acute for elderly/Bed blocking. May put pressure on other services	6	5
Query about criteria used for selecting home	5	4
Staff concerned about security of jobs	5	4
May put more pressure on families to provide care	2	2
Isolation of older people acknowledged	1	1
Meals on wheels provided from some of the existing home – needs to be taken account of	1	1

The Trust received a petition in relation to Rathmoyle Residential Home signed by 4179 people.

**Rosedale Residential Home – 22 written responses received**

	Total No	%
Opposed to perceived 'closure' of home	22	22
Excellent surroundings/care in the home	19	19
Safety and security of residents	12	12
Impact on Human Rights	9	9
Poor communication to residents at the start of the consultation	7	7
Staff protection/concerns about jobs	7	7
Daycare/respite/outreach provided at the home which needs to be taken account of	7	7
Isolation of older people if home were to close	5	5
Pressure on family	5	5
Alternative proposals not clear	4	4
Form too complicated to give feedback	2	2

The Trust received a petition in relation to Rosedale Residential Home signed by 701 people.

**Clonmore Residential Home – 51 written responses received**

	Total No	%
Initial communication caused anxiety and distress to residents	51	12.4
Excellent staff and care provided	49	12.0
Residential care provides safety/security to residents	47	11.5
Concern for staff/stress	46	11.3
No alternatives suggested/not clear	42	10.2
Care in community can't meet all the needs	42	10.2
Residential home part of community	40	9.8
Some residents need 24-hour care	38	9.3
Badly communicated initial information	17	4.1
Opposed to perceived 'closure'	11	2.7
Impact on Acute Sector and mental health services	8	2.0
Quality step-up/step-down/Beds/Respite provided at the home	5	1.2
Impact on Human Rights	4	1.0
Doubt ability to make transition into supported living for some people	3	0.7
Fear of loss of contact with friends	2	0.5
Focus on finance – feel it is cost cutting	2	0.5
No consultation prior to this proposal being presented	1	0.2
May be pressure on families to provide care	1	0.2
Equality of Access to Care 25% less beds for higher population of Older people	1	0.2



The Trust received a petition signed by 2674 people in relation to Clonmore Residential Home, and a further petition entitled 'Save our Services' signed by 2,340 people.

**Greenisland Residential Home – 122 written responses received**

	Total No	%
Opposed to perceived 'closure'	89	10
Safety and Security 24/7 for residents	81	10
Concern re loss of services in the area	81	10
Negative Impact on residents/or cause trauma	80	9
Work having been done on Home recently	79	9
Families prefer residential accommodation	77	9
Accessibility to transport links	77	9
Homes required for Hospital discharge	77	9
Reduced Choice for residents	78	9
Keep staff briefed – communication poor at outset	78	9
Impact on other services (mental health etc if homes close)	79	9
Loss of Home for residents	2	1
May be pressure on Family to provide care	2	1
Initial Communication Inappropriate	4	1
Alternative Options Queried/ not understood	3	1
Concern re future employment	1	1
Impact on staff	2	1

The Trust received the following 3 petitions regarding Greenisland House:

- ◆ Petition signed by 27 residents
- ◆ Petition signed by 1737 local people
- ◆ 'Save our Services' petition – 2,340 signatures

**Lisgarel Residential Home – 136 responses received**

	Total No	%
Opposed to perceived 'closure'	98	10.2
Negative Impact on residents/Trauma	86	9.0
Holistic approach of Home, building and Staff	79	8.2
Inaccuracy in Document re site of Lisgarel	67	7.0
Chalets not mentioned in document	63	6.6
Fear of losing Home	56	5.8
Ease of accessibility to services (GP/Pharmacy/Shop)	54	5.6
Equality of Access to Care 25%less beds for higher population of Older people	45	4.7
Day Care not mentioned in Document	43	4.5

Alternative Options queried / need clarity	41	4.3
Downsizing of Inver based on enhancement of Lisgarel	40	4.2
Safety and Security 24/7 of residents	33	3.4
Issues re Step up/Step Down beds	28	2.9
Query about decision making criteria	27	2.8
May be pressure on Family to provide services	25	2.6
Perception that this is a cost cutting exercise	25	2.6
Lack of current Community Services	24	2.5
Reduction of Facilities in Larne area	24	2.5
Fear of residents being isolated if moved	17	1.8
Pressure on Hospital Admissions	16	1.7
Initial Communication to residents inappropriate / poor	14	1.5
Larne geographically isolated	12	1.3
Jobs to be assured for staff	10	1.0
Concern for dementia client group	9	0.9
Access to Antrim Area Hospital – transport and distance an issue	7	0.7
Palliative Care not covered in document	5	0.5
Waiting List for Lisgarel	4	0.4
Staff briefings to be improved	4	0.4
Female Workforce could be impacted upon	2	0.2

The Trust received a petition in relation to Lisgarel signed by 5707 people and a petition entitled 'Save our Services' signed by 2,340 people.

The Trust received 21 general written responses regarding the Reprovision of the Trust's Residential Homes for Older People.

<b>Residential Homes – General Comments</b>	<b>Total No</b>	<b>%</b>
Seen as driven by finance	10	16.7
Concerns about alternatives/clarity needed	10	16.7
Poor communication to everyone at outset	6	10.0
More upheaval for older people	5	8.3
24-hour care necessary for some	3	5.0
Percentage of older people need more care	3	5.0
Some care not provided in private sector	2	3.3
Concern about job loss	2	3.3
Bed blocking could be a problem	2	3.3
Keep staff fully informed	2	3.3
Residential homes and older people are an important part of community	2	3.3
Poor documentation of EQIA	2	3.3
Residential accommodation is secure	2	3.3
Impact on Human Rights	2	3.3
Equality of Access to Care - 25%less beds	2	3.3

for higher population of older people		
Need to maintain independence	1	1.7
Must remain as important alternative to community care	1	1.7
Commissioner and Trust to work together	1	1.7
Impact on local communities	1	1.7
Impact on the health and well being of the residences who use the service	1	1.7

The Trust also received a petition in relation to residential homes in the Larne/Carrickfergus/Newtownabbey area signed by 218 people and a petition signed by 456 people in relation to residential homes in the Carrickfergus area.

The following issues and queries were raised about this proposal at the Trust's Public Meetings:

- ◆ Why is it inappropriate for 2 ladies to share a room in a residential home but yet we have some mixed wards in Causeway Hospital?
- ◆ As an ageing population we need residential homes - if the ageing population of 65 is to increase by 25% over the next couple of years we need more services
- ◆ How was the marking system for the homes graded?
- ◆ Who calculated the figures against each home regarding cost? More information needed
- ◆ There will be a residue of people who will need 24hour care in a residential facility
- ◆ More opportunities to consult at a local level before any final decision is made
- ◆ The ideal solution would be to replace the existing home with new accommodation on the same site
- ◆ How will the new housing schemes be staffed out of health & care budgets or another?
- ◆ What will be the cost of replacing each home with supported living?
- ◆ What is the number of people who need residential care and the number of those who could live supported in the community?
- ◆ The consultation document should have been issued well in advance of the public meetings
- ◆ Initial communication poorly represented the proposal
- ◆ The various documents/letters gives out mixed messages – clarity needed
- ◆ The letter should have stated that nothing would be affected until there is an alternative new service in place
- ◆ The majority of people want to stay at home – what about the minority
- ◆ Clarify what is meant by replacement service and accommodation; does this include use of the private sector?
- ◆ Reassurance needed that people be able to remain in the residential home until an equivalent facility is available
- ◆ Can reassurances be sent out to those people living in the homes at present
- ◆ There needs to be clearer communication with staff about proposals

- ◆ When it comes to replacement make sure that the range of services currently available in the home will be in any replacements
- ◆ In any replacement can you ensure that the number of beds/units will be the same or better
- ◆ Housing providers get funding from the same source as the Trust
- ◆ Make sure Lisgarell Day Centre is also taken account of
- ◆ Make sure the people receive physical and emotional support, guidance & motivation in a new facility
- ◆ Ensure funding be released to support social workers who deal with discharges
- ◆ Need clarity who is liable to pay the fees regarding private residential care
- ◆ Make sure replacement services are up and running before existing homes are affected
- ◆ Feel Supported living is not suitable for many people currently in residential homes

The Trust held a number of meetings with residents, families and carers in each of the residential homes. The following feedback was received:

- ◆ Overall people acknowledge the need to plan services for the future for older people
- ◆ It is acknowledged that there are growing numbers of older people and their care and support need to be planned for
- ◆ People want to see the new accommodation and services in place before the existing homes are affected
- ◆ Alternative services must be available locally so people can stay within their own community
- ◆ Services should be flexible so older couples can stay together as far as possible, and have their different levels of needs met. People should not have to be separated
- ◆ The initial information provided was very poor and did not explain the proposals well, and caused concern and distress. Future information must be much better
- ◆ Understanding that Trust needed to plan for the future
- ◆ Residential care (24/7 care and support) must be part of the new accommodation and schemes
- ◆ People are very content with current services and staff are very caring and committed
- ◆ One good thing to have come out of this is the focus on older peoples services. We must not loose this focus when consultation ends

The Trust also held a number of meetings with the staff of the residential homes. The key themes/concerns raised by staff were as follows:

- ◆ Concerned for residents
- ◆ The communication about the proposals was poorly conveyed to staff at the outset
- ◆ Concern about future employment

The Trust held several meetings with Political Representatives to discuss this proposal. The key themes emerging from these meetings were as follows:

- ◆ Communication – initial communication poorly represented the proposals, lacked clarity and caused a lot of anxiety and distress
- ◆ Need to provide reassurance to residents, families and carers
- ◆ Satisfaction with care residents currently receive in the homes
- ◆ Concern regarding loss of local services
- ◆ Support for planning future services in partnership

The Trust also held a number of specific meetings with a range of representative organisations including Newtownabbey Senior Citizens Forum, Larne Clergy, Women's Institute, Carers NI, Older People's Panel.

- ◆ Concerns about poor communication
- ◆ Concern regarding the potential for loss of local services
- ◆ New accommodation and services must be in place prior to change
- ◆ Must ensure future services include appropriate levels of residential care alongside supported living options
- ◆ Older people want choice, flexibility and local access
- ◆ Pace of planning for new accommodation must allow for meaningful input
- ◆ Needs to be a continued focus on older peoples services and input from older people in planning for the future

The Trust answered 15 Assembly Questions and 11 media inquiries relating to this proposal. This proposal was mentioned in 123 Newspaper Articles.

## **Proposal – Reconfiguration of Domiciliary Care Services**

The Trust received a total of 7 written responses providing feedback on the Reconfiguration of Domiciliary Care Services.

The following issues were raised:

- ◆ Concerns regarding standards, reliability and quality of future services
- ◆ Concern regarding impact on current homecare workers

At the Trust's Public Meetings, the following feedback was received about this proposal:

- ◆ Concern regarding potential redundancies
- ◆ Concern that staff will be moved to private sector
- ◆ Trust response advised staff would not transfer to the independent sector and committed to planning for no compulsory redundancies

The Trust received a petition entitled 'Save our Services' signed by 2,340 people which opposed this and other proposals.

The Trust held a number of meetings with Trust Domiciliary Care staff where the following issues were raised:

- ◆ Concern regarding future employment
- ◆ Need for effective communication with staff
- ◆ The need to monitor the quality of care provided by independent sector providers

This proposal was mentioned in 4 Newspaper Articles

## **Reform and Modernisation of Mental Health Services**

### **Proposal - Development of Localised Services for Patients with Personality Disorders**

The Trust received 2 written responses providing feedback on the Development of Localised Services for Patients with Personality Disorders. The following key issues were raised:

- ◆ Welcomed establishment of local services for people with a personality disorder
- ◆ UK Independent Living Strategy should have been considered when setting the strategic direction

## **Proposal - Introduction of Trust wide Home Treatment Services (Ward 8, Whiteabbey)**

The Trust received 4 written responses providing feedback on the Introduction of Trust wide Home Treatment Services (Ward 8, Whiteabbey).

The following key themes were identified:

- ◆ Beds should only be reduced once Home Treatment is up and running
- ◆ Higher rates of psychiatric morbidity in Northern Ireland
- ◆ Closure of Ward 8 should be integral to all changes in Whiteabbey
- ◆ Support for Crisis Resolution Home Treatment Service

The following issues were raised at the Trust's Public Meetings:

- ◆ Information on how existing users of Ward 8 will be facilitated in the future
- ◆ Assurance that out-patient psychiatric services would continue at Whiteabbey

The Trust received a petition entitled 'Save our Services' signed by 2,340 people, which opposed this and other proposals.

The Trust held a meeting with the service users and carers of Ward 8, Whiteabbey.

The following key themes emerged:

- ◆ Limited public transport to Holywell, needs improved
- ◆ Concern over loss of locally based service
- ◆ Concern regarding number of acute inpatient beds in Holywell

The Trust also held 3 meetings with the staff of Ward 8, Whiteabbey. The following issues were raised:

- ◆ Concern for jobs
- ◆ Loss of locally based service
- ◆ Limited public transport to Holywell, needs improved

## **Proposal – Development of a Community Based Rehabilitation Service**

The Trust received 3 written responses on the Development of a Community Based Rehabilitation Service. The following key themes emerged:

- ◆ Proposal in keeping with strategic direction
- ◆ New development should not involve private sector providers
- ◆ More information required on proposed model of new community services

## **Proposal – Development of Community Based Dementia Services**

The Trust received 2 written responses on the Development of a Community Based Dementia Services. The following key themes emerged:

- ◆ Unison feel this is 'privatisation' of NHS work
- ◆ Community/voluntary providers have a track record in providing community alternative to inpatient care

The Trust held a number of meetings with the staff of Inver 4. The following issues emerged:

- ◆ Concerns about the level of training and skills of staff at proposed new unit
- ◆ Queries regarding future plans in order to reassure relatives
- ◆ Job security

The Trust held a meeting with the carers of clients who currently use Inver 4. The following key themes were raised:

- ◆ Anxiety about ability of public sector to develop a high quality alternative
- ◆ Location of alternative service
- ◆ Move of potentially vulnerable people from hospital when they have been there for some time

## **Reform and Modernisation of Learning Disability services**

### **Proposal - Community Respite Services for Adults with a Learning Disability**

The Trust received 2 written responses on Community Respite Services for Adults with a Learning Disability. The following issues were raised:

- ◆ Queries re impact of proposal on Hollybank, Ellis Court and beds from independent sector
- ◆ Concerns regarding alternative options
- ◆ There may be difficulty recruiting new host carers
- ◆ Additional funding must be allocated to learning disability services for development of respite services



## **Proposal - Reconfiguration of Day Care Services - Learning Disability (Broadway Workshop)**

The Trust received 6 written responses on the Reconfiguration of Day Care Services (Broadway Workshop). The following key themes emerged:

- ◆ Royal College Nursing (RCN) endorse proposal
- ◆ Clients and Carers must be involved in agreeing alternative provision
- ◆ Users with complex needs must be provided for
- ◆ More information needed on alternative provision

The Trust received a petition opposing the closure of Broadway Workshop, signed by 831 people and a 'Save our Services' Petition signed by 2,340 people

Compass Advocacy carried out a consultation exercise with the users of Broadway Workshop. The following issues were raised:

- ◆ Concern in relation to closure of Broadway
- ◆ Attached to Broadway as a service but not to the building
- ◆ Clients like location of Broadway
- ◆ Concern regarding 'losing their pay'
- ◆ Many keen to engage with new opportunities
- ◆ Majority enjoy social aspects of Broadway

The Trust held individual meetings with all the users of Broadway Workshop and their carers. The following key themes were identified:

- ◆ Parents/carers/guardians want clients to have opportunities to reach full potential
- ◆ Maintaining friendships important
- ◆ Good location of Broadway
- ◆ Broadway seen as safety net if other opportunities fail
- ◆ Clients like routine of Broadway
- ◆ Alternative should be based in own community area

The Trust held meetings with the staff of Broadway. The staff's main concerns were as follows:

- ◆ Concern for clients of Broadway
- ◆ Concern regarding redeployment or job loss

The Trust held a number of meetings with political representatives regarding this proposal. The following issues were raised:

- ◆ Queries regarding future plans/ alternative services
- ◆ Consultation with clients and carers required

The Trust answered 5 media inquiries about this proposal and it was mentioned in 4 Newspaper Articles.

### **Summary**

This document sets out the responses the Trust received during the consultation process around the vision for the future of health and care services across the Trust area - *Modernising Health and Social Care Services*. The Trust will carefully consider all of the views and comments expressed in reaching its final recommendations and would wish to thank everyone for their contributions.

---

## Appendix 1

### List of respondents

#### Members of the Public

L McGarvey, Maghera – Stage 1 Response  
E Conlon, Maghera – Stage 1 Response  
C Robinson  
J Corkey  
R Mennie  
T Mitchell  
M Hill, Larne  
G McBride, Carrickfergus  
T Long, Larne  
J B McClean, Larne  
M Ritchie, Larne  
H Black, Larne  
M C Morrow, Larne  
G Matthews, Ballyclare  
N Carey, Ballymena  
V Canning, Whithead  
M Livingstone, Glasgow  
M Simpson, Ballycastle  
D Marrs, Larne  
S Atkinson, Ballycastle  
A Cameron, Larne  
B Kidd, Greenisland  
L McConaghy, Larne  
F Laures, Larne  
J Cameron, Larne  
R Ross, Holywood  
Dr G Brown, Ballycastle  
L McFall, Larne  
S Robinson, Newtownabbey  
J Moore, Newtownabbey  
J McCann, Carrickfergus  
A Downie, Larne  
A Dalzell, Ballyclare  
A Montgomery, Ballyclare  
C D H Mullan, Gloucestershire  
K Cameron, Belfast  
D J F Marrs, Larne  
C McCann, Ballycastle  
E Ramsey, Ballycastle  
M Weekes, Larne  
A Crowe, Ballyclare  
J Roche, Glynn  
H Mullan, Ballymoney  
B Cregan, Carrickfergus

R Tuohy-Hoy, Hertfordshire  
M McIlroy, Larne  
D Blair, Larne  
G Blair, Larne  
M McClughan, Belfast  
M B J Strange, Ballyclare  
K Montgomery, Ballyclare  
M Molloy, Donaghadee  
C McGregor, Portstewart  
A McWhirter, Larne  
D Maxwell, Larne  
M Johnston, Templepatrick  
P E McNeill, Larne  
W McClughan, Antrim  
B Russell, Ballymena  
U Falconer, Larne  
M Hall, Larne  
A McIlroy, Larne  
C McIlroy, Larne  
L McGarvey, Maghera  
J O'McIlvenna  
C Lynas, Larne  
C M Hopkins, Larne  
S Loughran, Ballymena  
T Lyttle OBE, Larne  
M C Lyttle, Larne  
D Davis, Templepatrick  
M Mallaghan, Antrim  
A O'Shea, Larne  
M Douglas, Ballyclare  
M Hilliard, Larne  
M Sharpe, Glenariffe  
E Sharpe, Glenariffe  
M Horn, London  
W Sloan, Newtownabbey  
J McCallum, Newtownabbey  
S McCallum, Newtownabbey  
L McFarlane, Newtownabbey  
J Sloan, Newtownabbey  
J Sloan, Newtownabbey  
R Sloan, Newtownabbey  
J Palmer, Newtownabbey  
S Doyle, Newtownabbey  
C Hillen, Newtownabbey  
R Larsen, Newtownabbey  
J Page, Newtownabbey  
B Dickson, Newtownabbey  
G McCord, Newtownabbey  
W Larsen, Greenisland  
K Eaton, Ballyclare

N Campbell, Newtownabbey  
G Horner, Glengormley  
S Campbell, Newtownabbey  
E Campbell, Newtownabbey  
S Campbell Jr, Newtownabbey  
D McCarry, Newtownabbey  
D Campbell, Newtownabbey  
F Fairley, Newtownabbey  
S Dumigan, Whiteabbey  
L Dumigan, Newtownabbey  
S Gregg, Newtownabbey  
C McKeown, Newtownabbey  
N T Robb  
E McGrath, Greenisland  
P McLaughlin, Carrickfergus  
M McLaughlin, Carrickfergus  
T McMenamin, Greenisland  
M Huey, Larne  
J Carlin  
A McKeown, Antrim  
L Jamison, Portadown  
H Caldwell, Ballyclare  
E Lewsley, Moira  
B McKee, Tobermore  
P McBride  
P Dawn, Larne  
M Stirling, Ballyclare  
F Molloy, Nuneaton  
D Ritchie, Antrim  
M McMaster, Larne  
B McDowell, Larne  
A Barfoot, Ballyclare  
S McKeown, Magherafelt  
D McIlveen, Kells  
A Reid  
B Kennedy, Larne  
S Gibbons, Antrim  
K Evans, Antrim  
C Taggart, Antrim  
S Thompson, Whitehead  
A Vance, Larne  
J McRandle, Larne  
M Lynch MBE, Larne  
D Robb, London  
I Moore, Larne  
A Gibb, Antrim  
M Gault, Carrickfergus  
T Ewart, Randalstown  
O Ewart, Randalstown  
B Lilley, Larne

J McRandle, Larne  
M McGaughey, Larne  
M Balfour, Larne  
C Taggart, Antrim  
J Ramsey, Kells  
C Getty, Antrim  
W Phillips, Magherafelt  
C Smyth, Antrim  
M McCay, Antrim  
J Martin, Antrim  
H Davidson, Templepatrick  
J Higginson, Antrim  
M K Plews, Antrim  
B Forsythe, Antrim  
L Lyttle, Antrim  
K Wilson, Antrim  
D Hughes, Antrim  
D Todd, Larne  
L Mitchell, Doagh  
R McConaghy, Belfast  
T McNeill, Kilrea  
M McGarvey, Maghera  
M McGarvey, Maghera  
J Inglis, Glenarm  
M Nelson, Larne  
J Ferguson, Ballyclare  
W Knowles, Newtownabbey  
L Glendinning, Newtownabbey  
J Glendinning, Newtownabbey  
C Glendinning, Newtownabbey  
C Rolston, Ballymena  
J Rolston, Ballymena  
J Glendinning, Newtownabbey  
N Glendinning, Newtownabbey  
L Knowles, Newtownabbey  
H Geddis, Templepatrick  
R Halliday, Newtownabbey  
J Robertson, Newtownabbey  
P Halliday, Newtownabbey  
J Geddis, Templepatrick  
J Geddis, Templepatrick  
E Geddis, Glengormley  
H Blakely, Glengormley  
S Knowles, Ballyclare  
L Geddis, Templepatrick  
R Peachey, Newtownabbey  
A Peachey, Newtownabbey  
L McConnell, Newtownabbey  
J McConnell, Newtownabbey  
J Gallagher, Newtownabbey

E Gallagher, Newtownabbey  
A Knowles, Ballyclare  
I Neill, Belfast  
L Halliday, Newtownabbey  
B Knowles, Ballyclare  
S Knowles, Ballyclare  
M Yorke, Belfast  
A Halliday, Newtownabbey  
R L Halliday, Newtownabbey  
R Halliday, Newtownabbey  
F Halliday, Newtownabbey  
S Carruthers, Newtownabbey  
D Carruthers, Newtownabbey  
W Carruthers, Newtownabbey  
E Mayne, Newtownabbey  
C Mayne, Newtownabbey  
R Halliday, Newtownabbey  
S Halliday, Newtownabbey  
I Nelson, Carrickfergus  
J Moore, Carrickfergus  
M Dunn, Carrickfergus  
J Lewis, Doagh  
S Wylie, Belfast  
M McIlroy, Larne  
E Ross, Portglenone  
D Gale, Larne  
B Beaney, Northumberland  
M E Tolland, Ballyclare  
E Bingham  
A M Hamilton  
S Stirling  
R Lockhart  
R Rivers  
K Frew  
D Craig  
E Campbell  
R Twaddle  
T Walton  
R McKay  
P Henry  
M Johnston  
N Hamilton  
P Cauley  
S I McAleese  
D Owens  
J Clyde  
A Smyth  
G Stalford  
B McKendry  
M Mair

J Cochrane  
L McQuilkin  
A Kelly  
C Doherty  
S McGuinness  
N Greer  
R Henry  
M Connor  
C Brownlee  
C Lee  
J Lee  
R Kinsey  
E Huston  
W McCausland  
B Beresford  
K Beresford  
C Gallagher  
C McCausland  
L Freeburn  
T Kelly, Ballymena  
S Colburn, Larne  
H McNeill, Newtownabbey  
A Tinsley, Carnlough  
A Turner, Larne  
L Chambers, Carrickfergus  
C Long  
K Montgomery, Larne  
M Montgomery, Glenarm  
S Harper, Newtownabbey  
T McCullough, Carrickfergus  
C Mullan  
B T Magowan, Larne  
P Lloyd, Buckinghamshire  
S Stewart, Whitehead  
P Nelson, Crumlin  
T McGuckin, Ballymena  
A Ross, Holywood  
P McNally, Bangor  
C Knox, Magherafelt  
L Marsden, Ballycarry  
E Mills, Larne  
I Donnelly, Carrickfergus  
R Lewis, Antrim  
J Dick, Ballymena  
E Geary, Larne  
J McCarry, Ballycastle  
N Walker, Australia  
R J McCullough, Antrim  
J McCullough, Antrim  
G Yarnell, Randalstown



M Cameron, Belfast  
R Quinn, Desertmartin  
C Lynas, Larne  
A Mundell, Larne  
J Harbinson, Belfast  
G Hamill, Templepatrick  
J Hamill, Templepatrick  
E Molloy  
A Junkin, Portglenone  
E Wright, Ballymena  
T Deacon  
D Donnelly, Larne  
D O'Brien  
L Megarity  
T McQuiston, Greenisland  
A Wallace  
K Topping, Newtownabbey  
R Fulton, Ballymena  
K Gilmore, Newtownabbey  
T Strange, Ballyclare  
G Noble, Carrickfergus  
A Noble, Carrickfergus  
M Noble, Greenisland  
C Bareham  
J Williamson, Cookstown  
C Davis, Ballyclare

### **Public Representatives**

Dr R.T. William McCrea MP MLA DC – Stage 1 Response  
Alastair Ross, MLA – Stage 1 Response  
Roy Beggs, MLA – Stage 1 Response  
Francis Molloy, MLA – Stage 1 Response  
Magherafelt District Council – Stage 1 Response  
Larne Borough Council – Stage 1 Response  
Coleraine Borough Council – Stage 1 Response  
Ballymena Borough Council – Stage 1 Response  
E Mulholland, Moyle Council  
R McBride, CE Ballymena Borough Council  
Rev A Kingston, Larne Methodist Church  
R McKee, Mayor Larne Borough Council  
R Beggs MLA  
K Robinson MLA  
I Paisley Jr MLA  
K Robinson MLA  
I Paisley MLA  
K Robinson MLA  
J Smyth, Antrim Borough Council  
T Kelso, c/o Jim Allister MEP  
A McDonnell MP MLA

S Wilson MLA  
J Allister QC MEP  
A Tolland, Cairncastle Presbyterian Church  
N Dodds OBE MP MLA  
D O'Loan MLA  
M Storey MLA  
D Hilditch MLA  
Moyle District Council  
K Robinson MLA  
J A Clements, Newtownabbey Borough Council  
L Hunter, Larne Borough Council  
A Ross MLA  
J A McLaughlin, Magherafelt District Council  
Dr R.T. William McCrea MP MLA DC  
L Hunter, Larne Borough Council  
R Spence, Ballymena Borough Council  
S MacDonnell, CE  
Dr R.T. William McCrea MP MLA DC  
Dr R.T. William McCrea MP MLA DC  
S Bell, Larne Borough Council  
A Donaghy, Ballymena Borough Council  
Dr R.T. William McCrea MP MLA DC  
D O'Loan MLA  
S Wilson MLA  
S Wilson MLA  
S Wilson MLA  
S Wilson MLA  
C McCann, Cookstown Council

### **Professional Bodies**

Royal College of Nursing – Stage 1 Response  
M Hinds, Director Royal College of Nursing  
D Lowry, Royal College of Nursing  
P Noonan, Equality Commission for Northern Ireland  
P McKeown, MENCAP  
L Clelland, Disability Action

### **Trade Unions**

Unison – Stage 1 Response  
M Trimble, UNISON  
C Lee, NIPSA  
P Beagon, Unite The Union

### **Other Bodies/Voluntary Groups**

F Burke, Principal, Rostulla School – Stage 1 Response  
L McCuddy, Chief Executive, Extern – Stage 1 Response  
Portballintrae Residents Association – Stage 1 Response

Disability Action – Stage 1 Response  
RNIB NI Coleraine – Stage 1 Response  
Autism NI, Mid-Ulster Branch – Stage 1 Response  
J W McNinch & Son Solicitors, Ballyclare  
A Dougal OBE, CE, Chest Heart & Stroke NI  
P Hutchinson MBE, Newtownabbey CAB  
P Garrett, Principal Moyle PS  
D Crawford, Secretary Ballycarry Old Presbyterian Church  
St James Parish, Newtownabbey  
J W McNinch & Son Solicitors, Ballyclare  
D Bolton, NI Centre for Trauma  
K McDowell, Belfast Boys' Model School  
J D Malcolm, IBD Patients' Panel  
B Stevenson, Committee Secretary, Friends of Greenisland House  
J Moore, Honorary Secretary, Inver Area Women's Institute  
D Blair, Ballycarry Community Association  
M Thompson, Homestart  
C Conway, CE, Extra Care House  
L Irwin, Education Welfare Service  
A Toal, VOYPIC  
E Boal, Carrickfergus Presbyterian Church  
J W Nelson, Honorary Secretary, 'Drumcorran'  
E Moore, Honorary Secretary, Raloo Non-Subscribing Presbyterian Church  
Friends of Rosedale  
R Ferguson, Inner East Local Commission  
L McNaul, Extern  
M Lorimer, IMTAC  
J Schofield, Director, Compass Advocacy Network  
D C Shaw, Action for Children NI  
T McQuillan, Director of Shelter NI  
C Angel, Head of Policy and Communications, UKHCA  
N Moore, Regional Manager, Parkinson's Disease Society  
N Moore, Regional Manager, Parkinson's Disease Society  
N Robinson, Manager, Harpurs Hill Community Early Years  
B Henderson, The Royal British Legion  
A O'Neill, Family Caring Centre  
Greenisland Presbyterian Church  
Cushendun & District Development Association

### **Staff**

Children's Disability Team, Carrickfergus – Stage 1 Response  
Social Work Staff, Larne – Stage 1 Response  
Staff at Princess Gardens – Stage 1 Response  
Staff at Cherry Lodge – Stage 1 Response  
Children with Disabilities Team, Magherafelt & Cookstown – Stage 1 Response  
Children's Disability Service – Stage 1 Response  
Home Care and Allocations Officers – Stage 1 Response  
Staff at Greenisland House – Stage 1 Response  
Children's Disability Team, Coleraine – Stage 1 Response

Consultant Physicians at Mid-Ulster Hospital – Stage 1 Response  
Social Work Team, Newtownabbey – Stage 1 Response  
Staff from Clonmore House – Stage 1 Response  
D Robinson, Manager Lisgarel Residential  
M McCloy, Lisgarel Residential  
E Brown, Greenisland House  
A Craig, NHSSC  
K Weekes, Lisgarel  
T Breen, Dalriada  
E Crothers, Old School Surgery, Greenisland  
M Montgomery, Lisgarel Residential  
E K Hunter, Mid-Ulster Hospital  
J McAuley, Fern House  
Y Gowdy, Princes Gardens  
S McKeown, Cherry Lodge  
S Corrigan, Greenisland House  
L Harvey, Staff Nurse, NHSCT, Larne  
B Magill, Care Assistant, Lisgarel  
T McCullough, Senior Care Assistant, Clonmore Residential  
M Corrigan, Senior Social Worker, Sperrin House  
Home Care and Allocations Officers  
Staff of Clonmore Residential Home  
L Davison, Princes Gardens  
S Bunting, Social Worker, Early Years  
M Maguire, Princes Gardens  
Staff of Princes Gardens  
J Ross, Cherry Lodge  
S Lynn-McGregor, Manager Cherry Lodge  
A Matthew, Princes Gardens  
U McShane, Pharmacist, Antrim Hospital  
T Leeman, Consultant Psychiatrist, Ross Thompson Unit  
N Feeney, Sperrin House  
J McCloskey, Sperrin House  
N Graham, NHSSC  
M McManus, Pharmacist, Antrim Hospital  
L Whiteley, Biomedical Scientist, Antrim Hospital  
N Smyth, Biomedical Scientist, Antrim Hospital  
S Hudson, Biomedical Scientist, Antrim Hospital  
F P Gault, Biomedical Scientist, Antrim Hospital  
C J Henry, Biomedical Scientist, Antrim Hospital  
C Mullin, Biomedical Scientist, Antrim Hospital  
A Bowman, Medical Lab Assistant, Antrim Hospital  
L Taylor, Biomedical Scientist, Antrim Hospital  
S Dickinson, GAA, Antrim Hospital  
I Agnew, Biomedical Scientist, Antrim Hospital  
O Diamond, Sperrin House  
C Johnston, Cherry Lodge  
L McGurk, Sperrin House  
Staff of Children's Disability Team, Slemish CSC  
P Donnelly, Cherry Lodge

J Baird, Biomedical Scientist, Antrim Hospital  
C Dooley, Antrim Hospital  
K Scullion, Pharmacist, Antrim Hospital  
W Evans, Antrim Hospital  
S Tohill, Senior Pharmacist, Causeway Hospital  
P Williamson, Sperrin House  
M Reid, Deputy Team Leader  
I Carrington, Pharmacist, Antrim Hospital  
S Snodden, Southern Health & SSB  
S McKeever, Southern Health & SSB

### **Residents**

J Linton, Lisgarel Residential  
C Tweedie, Lisgarel Residential  
A McGregor, Rathmoyle Residential  
L Wright, Lisgarel Residential  
W Graham, Lisgarel Residential  
R Hoy, Lisgarel Residential  
P McClean, Lisgarel Residential  
M Allen, Lisgarel Residential  
A Donnelly, Lisgarel Residential  
D Lloyd, Lisgarel Residential  
Mr Long, Lisgarel Residential  
E Quigley, Lisgarel Residential  
V Hall, Lisgarel Residential  
H Robinson, Lisgarel Residential  
Residents of Greenisland House  
M Montgomery, Lisgarel Residential  
S Ellis, Lisgarel Residential  
M Moore, Lisgarel Residential  
G Gingles, Lisgarel Residential  
C McDowell, Lisgarel Residential  
M Calwell, Lisgarel Residential  
A Steele, Lisgarel Residential  
W Lloyd, Lisgarel Residential  
E McConaghy, Lisgarel Residential  
E McMaster, Lisgarel Residential  
P McAuley, Lisgarel Residential  
J Burns, Lisgarel Residential  
J McAuley, Lisgarel Residential  
H Hogg, Lisgarel Residential  
H Bates, Lisgarel Residential  
D McDowell, Lisgarel Residential  
T McDowell, Lisgarel Residential  
S Hood, Lisgarel Residential  
B T Meenie, Lisgarel Residential  
A Michael, Lisgarel Residential  
M Reid, Lisgarel Residential  
J Clawson, Lisgarel Residential

J Harbinson, Clonmore Residential  
C Harbinson, Clonmore Residential  
R W Nimmo, Cherry Lodge

**Other**

One anonymous response – Stage 1 Response  
2 Anon, Ballyclare  
Anon

## Appendix 2

### Formal Consultation - 17 October 2008 to 06 March 2009

#### Detail of consultation carried out relating to equality impact assessment documents

#### Corporate Consultation

##### Stage 1

17.10.08	Letter to all Trust Consultees
20.10.08	Consultation documents on intranet
21.10.08	Monthly meeting with staffside
31.10.08	Chief Executives letter to staff
12.11.08	Chief Executive meeting with Ballymena Council
24.11.08	Meeting with SDLP at Stormont
25.11.08	Chief Executive meeting with Coleraine Council
28.11.08	Meeting with Chairman and D Ford MLA
02.12.08	Consultation with staff via Northern News
03.12.08	Chief Executive briefing to NHSSC
08.12.08	Briefing to Disability Consultation Panel
08.12.08	Chief Executive meeting with Sinn Fein
08.12.08	Chief Executive meeting with Larne Council
09.12.08	Chief Executive meeting with Cookstown Council
10.12.08	GP's plenary workshop
11.12.08	Chief Executive meeting with Antrim Council
12.12.08	Meeting with Alliance Party
15.12.08	Chief Executive meeting with Carrickfergus Council
18.12.08	Meeting with Roy Beggs MLA UUP

##### Stage 2

05.01.09	Meeting with Newtownabbey Council
08.01.09	Letter to Trust Consultees
08.01.09	Consultation documents on intranet
08.01.09	Chief Executive briefing with staff at Larne
09.01.09	Chief Executive briefing with staff in Carrickfergus & Whiteabbey
13.01.09	Chief Executive briefing with staff in Mid-Ulster & Cookstown
14.01.09	Older People's panel
19.01.09	Meeting with Carrickfergus Council
20.01.09	Monthly meeting with Staffside
20.01.09	Meeting with SDLP at The Brook in Coleraine
22.01.09	Meeting with Mr S Wilson DUP, MP, MLA (Larne)
23.01.09	Chief Executive briefing with staff in Antrim Day Centre & Braid Valley site
26.01.09	Meeting with Moyle District Council
26.01.09	Chief Executive briefing with staff at Dalriada & Causeway Hospital

28.01.09	Meeting with David Ford MLA Alliance Party
02.02.09	Public meeting in Causeway Hospital
03.02.09	Public meeting in Carrickfergus
05.02.09	Chief Executive briefing with staff in Ballymoney
06.02.09	Meeting with Dr R.T. William McCrea MP MLA DC
06.02.09	Meeting with Trevor Clarke MLA and Cllr Adrian Watson DUP
09.02.09	Public meeting in Antrim
10.02.09	Public meeting in Cookstown
13.02.09	Meeting with Dr R.T. William McCrea MP MLA DC
17.02.09	Meeting with Magherafelt District Council
17.02.09	Monthly meeting with Staffside
18.02.09	Meeting with Ballymoney Borough Council – meeting with Chief Executive, John Dempsey and Director John Michael
19.02.09	Antrim Borough Council Committee Planning meeting
24.02.09	Meeting with Ballymena Borough Council
26.02.09	Meeting with Larne Women's Institute
03.03.09	Meeting with Carers NI
04.03.09	Meeting with Ian Paisley Junior DUP at Stormont

## Specific Consultation Exercises

### The Reconfiguration of Acute Hospital Services

#### Stage 1

10.10.08	GP Forum
21.10.08	Meeting with Friends of Whiteabbey
24.10.08	Letter to GPs at Whiteabbey and Mid-Ulster Hospital
27.10.08	Staff briefing at Causeway Hospital
27.10.08	Staff briefing at Mid-Ulster Hospital
01.12.08	Meeting with managers at Holywell Hospital
02.12.08	Meeting with clinicians at The Cottage, Ballymena
10.12.08	Meeting with GPs and Primary Care

#### Stage 2

20.02.09	Meeting with Management & staff re Acute proposal
02.03.09	Information sessions for staff in Mid Ulster Hospital
04.03.09	Information sessions for staff in Whiteabbey Hospital

### Reform and Modernisation of Children's Services

#### Stage 1

23.10.08	Meeting with head of Unit at Cherry Lodge
24.10.08	Extern communicated with staff Re: Linden Services
27.10.08	Meeting with Cherry Lodge staff
28.10.08	Meeting with children and disability team leaders
29.10.08	Meeting with head of unit at Rainbow Lodge



- 13.11.08 Public meeting with parents of children who access services in Cherry Lodge
- 14.11.08 Report to the DHSSPS
- 05.12.08 Meeting with Dr R.T. William McCrea MP MLA DC at Cherry Lodge
- 16.12.08 Meeting with the lead for fostering Re: proposal for salaried foster carers

#### **Stage 2**

- 09.01.09 Meeting with Nottingham Local Authority re: Model Scheme for salaried carers
- 15.01.09 Public meeting with parents of the children who access services from Cherry Lodge
- 02.02.09 Letter to Independent providers
- 06.02.09 Project planning meeting Re: service development
- 06.02.09 Meeting with Antrim councillors
- 13.02.09 Meeting with Dr R.T. William McCrea MP MLA DC
- 20.02.09 Meeting with Trevor Clarke to discuss Cherry Lodge
- 03.03.09 Meeting with Carers NI

### **Traffic Management at Northern Health and Social Care Trust**

An internal Trust group was established to develop the traffic management policy. Membership of this group included representatives from Disability Action and Carers Northern Ireland.

### **The Re-provision of the Trust's Residential Homes for Older People**

#### **Stage 1**

- 29.10.08 Letter to staff
- 29.10.08 Meetings with managers
- 10.12.08 Memo to managers of Residential Homes

#### **Stage 2**

- 16.01.09 Meeting with Declan O'Loan MLA
- 20.01.09 Meeting with SDLP Ballycastle
- 21.01.09 Meeting with David Ford MLA
- 22.01.09 Meeting with Friends of Clonmore
- 23.01.09 Meeting with managers of residential homes
- 26.01.09 Meeting with staff from Clonmore
- 26.01.09 Meeting with staff from Greenisland House
- 28.01.09 Meeting with staff from Rathmoyle Home
- 28.01.09 Meeting with staff from Rosedale
- 28.01.09 Meeting with residents/carers from Rosedale
- 29.01.09 Meeting with residents/carers from Rathmoyle Home
- 29.01.09 Meeting with journalists at Antrim Day Centre

30.01.09	Meeting with staff from Lisgarel
30.01.09	Meeting with residents/carers from Lisgarel
30.01.09	Meeting with Nigel and Diane Dodds MLAs
03.02.09	Meeting with UUP and Parliament Buildings
04.02.09	Meeting with residents/carers from Greenisland House
05.02.09	Meeting with residents/carers from Clonmore
05.02.09	Meeting with Larne Clergy, Rev J Nelson and Rev P Reid
06.02.09	Meeting with Sinn Fein, Michelle O'Neil and Francey Molloy at Magherafelt
11.02.09	Letter inviting staff to attend public meetings
27.02.09	Meeting with Newtownabbey Senior Citizen's Forum
27.02.09	Visit to Barn Halt Cottages
04.03.09	Visit to the Brook with Antrim and Coleraine Council reps
05.03.09	Visit to the Brook with Antrim, Ballymena & Newtownabbey carers

### Reconfiguration of Domiciliary Care Services

#### Stage 1

27.10.08 4 meetings with Homecare Management and admin staff

#### Stage 2

02.01.09 Letter from Chief Executive and news sheet to Homecare staff  
 06.02.09 Letter from Chairman to Homecare staff  
 17.02.09 Meetings with Homecare staff

### Reform and Modernisation of Mental Health Services

#### Stage 1

22.12.08 Staff briefing at Inver 4

#### Stage 2

05.02.09 Consultation with staff of Ward 8 (Day Staff)  
 16.02.09 Consultation with staff of Ward 8 (Night Staff)  
 24.02.09 Consultation with users and carers of Ward 8  
 26.02.09 Meeting with Staff in Inver 4  
 10.03.09 Open evening for relatives of patients re: Community Based Dementia  
 26.03.09 Meeting with Staff in Inver 4  
 30.04.09 Meeting with Staff in Inver 4  
 28.05.09 Meeting with Staff in Inver 4

## **Reform and Modernisation of Learning Disability Services**

### **Stage 1**

- 11.11.08 Meeting with staff from Broadway
- 11.11.08 Meeting with user committee of Broadway
- 10.12.08 Clients and carers consultation meeting – Broadway

### **Stage 2**

- 20.01.09 Meeting with Diane Dodds DUP re: Broadway
- 21.01.09 Meeting with Cllr Jim Bingham UUP and Ken Robinson MLA  
Newtownabbey Council Re: Broadway
- 22.01.09 Meeting with clients including Compass Advocacy group Re:  
Broadway
- 26.01.09 Meeting with clients including Compass Advocacy group Re:  
Broadway
- 28.01.09 Meeting with Councillor Jim Brown, Sam Vallely, Donna  
Morgan, Garth Anderson, Jim Graham
- 27.01.09 - 10.02.09 (Inclusive)  
Individual Consultation with members of the Multi-Disciplinary  
Team and Clients/Carers, Day Opportunity Co-ordinator,  
Broadway staff and Donna Morgan
- 13.02.09 Continuation of Individual Consultation meetings as above

