

**\*\*Completed and Signed Screening Templates are public documents posted on the Trust's website\*\***

- All policies / proposals require an equality screening
- Policy / Proposal authors / decision makers are responsible for Equality Screenings

Section 1: Information about the Policy / Proposal							
<b>(1.1) Name of the policy/proposal</b>	Proposed relocation of Intellectual Disability (ID) Service's South and East Community Teams and Allied Health Professional colleagues from Finaghy Health Centre/Mount Oriel to Graham House, in Knockbracken Healthcare Park (KBHCP)						
<b>(1.2) Status of policy/proposal</b> <i>(please underline)</i>	<u>New</u>		Existing		<u>Revised</u>		
<b>(1.3) Department/Service Group:</b> <i>(please underline)</i>  <b><u>**Mental Health, Intellectual Disability and Psychological Services**</u></b>	Corporate Services Group <i>(Please specify)</i>	Nursing and User Experience	Un-scheduled and Acute Care	Surgery & Specialist Services	Specialist Hospitals & Women's Health	Children's Community Services	Mental Health & Intellectual Disability Directorate
<b>(1.4) Description of the policy/ proposal?</b> State the aims and objectives/key elements of the policy/proposal. Detail the changes the policy/proposal will introduce. How will the policy/proposal be communicated to staff /service users? Describe how the policy/proposal will be rolled out/put into practice e.g. will there be changes in working patterns / changes to how services will be delivered etc.	<p>This equality screening will focus on the potential impact of the proposed relocation of Trust Intellectual Disability (ID) staff from Finaghy Health Centre and Mount Oriel to Graham House on Knockbracken Healthcare Park (KBHCP). Both teams provide a multidisciplinary approach to care and support of ID service users in the South and East sections of the Belfast Trust area; members of these teams are comprised of Administrative staff, Nurses, Occupational Therapist, Social Workers and other Social Care support staff to from Community Teams. The rationale for this move is to provide the necessary supporting infrastructure for the General Practitioners (GP's) in Finaghy Health Centre to support the continued provision of core General Medical services and training facilities. It will also help to accommodate the additional services which will roll out in the near future, including Advance Nurse Practitioner (ANP), General Practice Nurse (GPN), and Multi-Disciplinary Teams to enhance patient experience within primary care. From an Intellectual Disability perspective, the Collective Leadership Team (CLT) believe the colocation of these two teams will provide opportunity for collaborative working and enhanced cross discipline professional support which will intern enhance the person centred care provide to service users in the community setting.</p> <p>Context</p>						

The Primary Care Infrastructure Development's (PCID) Strategic Implementation Plan (SIP) (Health and Social Care Board, 2014) was developed for investment in primary care infrastructure based on a 'hub and spoke' model for primary care, with hubs providing core services for its range of spokes. Spoke facilities will include smaller health centres which accommodate the provision of General Medical Services (GMS) supported by multidisciplinary teams (e.g. pharmacists, nurses, social care) based on the needs of the local population.

The General Practitioners Committee report 'The Future of GP Practice Premises' (General Practitioners Committee, 2010) recognised the importance of investment in premises in delivering the quality and range of services, which could be provided within the primary care setting. It further recognised the difficulties with recruiting GPs and the role which premises have on this.

The 'Review of GP-led Primary Care Services in NI' (Department of Health, Social Services and Public Safety, 2016) made a number of recommendations to address the specific challenges and pressures facing GP-led primary care services. These were based around the following strategic themes: building a stable GP workforce; building sustainable out-of-hours services; driving innovation in general practice; improving general practice infrastructure; and delivering high quality, integrated and sustainable primary care services. The report acknowledged that the changes in how primary care services are delivered would have an impact on the need for infrastructure.

#### Shortage of GPs

It is a recognised fact that there is a shortage of GP partners in NI practices. In response to the review outlined above, the Department of Health (DoH) is actively taking forward work to increase the number of GPs practicing in NI. This has included increasing the number of GP training places in NI from 65 to 121 over recent years. As a result, there is an increased need to provide training within GP practices and DoH is encouraging GP practices to continue to be training practices or to consider applying to become a training practice. In many cases, practices have shown an interest in becoming a training practice but capacity constraints within premises have meant that this could not be achieved. In other instances, existing training practices are coming under pressure to retain their training practice status due to the considerable challenges faced in committing the required space for GP training.

#### Multi-Disciplinary Team model in General Practice

Following the publication of these key reports, the DoH established a Multi-disciplinary Working Group (MDWG) to consider the best model of care within primary care. The MDWG concluded that the Multidisciplinary Team (MDT) model is the most appropriate model for the future delivery of GMS services and other services which will support delivery of GMS, to best meet the needs of the population within the primary care setting. The MDT model requires HSC Trust services to be better aligned around, and coordinated with, GP practices. A range of staff supporting practices will be required (in line with the recommendations included within the Bengoa report), and these additional staff will require space within GP practice premises to carry out their work. It is proposed that physiotherapists, mental health workers, and social workers will be located in practices, as part of the MDT model. It also includes significant investment in additional nursing specialist roles such as health visiting and district nursing. Necessary to the successful rollout and implementation of these, is the provision of appropriate clinical and administration space within practices to support the new services/specialisms.

Full-scale implementation of the MDT model across NI is currently being rolled out on a phased approach, with a total of seven GP Federation areas currently implementing the MDT model.

#### Addressing Challenges in GP-led care services

The 'Review of GP-led Primary Care Services in NI' (Department of Health, Social Services and Public Safety, 2016) made a number of recommendations to address the specific challenges and pressures facing GP-led primary care services. These were based around the following strategic themes: building a stable GP workforce; building sustainable out-of-hours services; driving innovation in general practice; improving general practice infrastructure; and delivering high quality, integrated and sustainable primary care services. The report acknowledged that the changes in how primary care services are delivered would have an impact on the need for infrastructure.

It is therefore against all of this background and strategic context that the need for the project is defined, i.e. to provide the necessary supporting infrastructure for the GP's in Finaghy Health Centre to support the continued provision of core GMS and to continue to accommodate GP training and GPPs and to facilitate the upcoming range of services which will roll out in the near future, including ANP, GPN and MDTs.

The proposed improvement works are required in order to fully implement the initiatives outlined previously and thereby will help delivery of the key priority areas of the PfG, specifically within the Finaghy area of South Belfast.

#### **Case for Change**

The need for additional accommodation for the GP's in order to continue to deliver the range of core GMS services and to support the roll-out of the MDT scheme cannot currently be met in Finaghy due to the following conditions:-

- Deficiencies with existing facilities and shortage of suitable clinical accommodation;
- GP training: the lack of appropriate space required to accommodate the GP trainees and MDT staff;
- The GP's current total accommodation is substantially less than the recommended schedule;
- Impact of Advanced Nurse Practitioner Scheme will also impact on accommodation requirements when it rolls out to the South Belfast GP Federation area in the near future;

#### **Options Considered**

A review of the Finaghy Health Centre site was undertaken in order to examine the current accommodation provision in the Centre and to consider options given the limitations of the site and the ease of implementation, the significant lack of on-site parking, funding and time constraints .

- Refurbishment of former library area only: would not deliver the MDT capacity required;

- Refurbishment of former library area and refurbishment of existing building would deliver the aims of the project but requires the Trust team currently occupying library to be permanently decanted;
- A range of expansion of the building options –financially and physically unviable given need to decant services, site constraints, planning issues and affordability;
- Full demolition and new build on existing Finaghy Health Centre site –financially and physically unviable as the cost of a new build is unaffordable, all users in the building would have to be relocated to other premises at a significant cost to the project as no bespoke site exists. Likely to run into protracted Planning delays and have an impact on surrounding areas.
- New build on alternative site-no other site available in the locality. Cost of overall programme could not be sustained in the current financial climate;

The outcome of the quantitative and qualitative appraisal of all the options meant that relocation of the Trust Learning Disability team in Finaghy to Trust premises and the refurbishment of the Health Centre represented the only viable option to move forward with this project. With no alternate Health Care facility within the geographical radius of the service providers to address any stage of the development and all other options financially and practically unfeasible the chosen option carries the least risk in terms of maintaining service continuity and minimising risk.

On 01 March 2023, ID Collective Leadership Team (CLT) were informed of an opportunity in Graham House for the Trust staff at Finaghy Health Centre staff. CLT also saw the opportunity to bring in the East Community team to further foster relationships and collaborative working between the South and East teams. Additionally, the East community team have been looking for more suitable accommodation options due to the inferior standard of their current accommodation in Mount Oriel. Below is a list of the BT codes each team covers:

Team	Team Leader	Base	Post Codes
South	Gerry Robinson	South Belfast Learning Disability	BT7
		Finaghy Health Centre	BT8
		13-25 Finaghy Road South	BT9
		Belfast, BT10 0BX	BT10
		<b>028 95 042 693</b>	BT12
East	Claire McCrory	East Belfast Learning Disability	BT4
		4 Mount Oriel	BT5
		Saintfield Road, Belfast	BT6
		BT8 7HL	BT16

	<table border="1" data-bbox="808 97 1476 181"> <tr> <td data-bbox="808 97 891 181"></td> <td data-bbox="891 97 1050 181"></td> <td data-bbox="1050 97 1352 181">028 95 046 118</td> <td data-bbox="1352 97 1476 181">BT18</td> </tr> </table> <p>While the South team would be moving five miles away from their current location; they would remain within their BT code area of coverage.</p>			028 95 046 118	BT18
		028 95 046 118	BT18		
<p><b>(1.5) Who owns the policy/proposal? Where does it originate? For example: DoH / HSCB</b></p>	<p>Director of Mental Health and Intellectual Disability Directorate.</p> <p>The proposal will be implemented with the support of Service representatives, HR and colleagues from Trade Unions in line with the Framework for the Management of Staff affected by Organisational Change.</p>				
<p><b>(1.6) Who are the main stakeholders affected (Internal and External)? For example: actual or potential service users, carers, staff, other public sector organisations, trade unions, professional bodies, independent, voluntary or community sector or others.</b></p>	<p>The proposal will impact on staff who work in Intellectual Disability Services staff based in Finaghy Health Centre and Mount Oriel.</p> <p>BHSCT ID Staff ID Collective Leadership Team (CLT) Human Resources BHSCT Estates Trade Unions</p> <p>There is no impact on service users or carers from the standpoint of clinics or meeting areas- information and leaflets will be circulated to ensure the community are aware of the move. The team will still have access to book rooms in Finaghy through the facilities manager, as and when required.</p>				
<p><b>(1.7) Provide details of how you involved stakeholders, views of colleagues, service users, staff side or other stakeholders when screening this policy/proposal.</b></p>	<p>13&amp;14/04/2023- Staff have been engaged through a letter sent on the Members of CLT have engaged in a team meeting to discuss the proposal with the South and East Teams.</p> <p>07/03/2023- Trade Union colleagues were notified by email 14/06/2023- Meeting with staff at Finaghy Health Centre and Mount Oriel (Attendance: Co-director, community team staff, HR modernisation colleague and Trade Unions.</p> <p>Individual staff meeting are being facilitated through the management structure of the teams</p> <p>08/2023 – plan to invite the team members to the site to for a walk around (to be confirmed by Estates when the building is ready</p>				
<p><b>(1.8 ) Other policies/strategies with a bearing on this policy/proposal For example: internal or regional policies</b></p>	<p>Bamford- specifically delivering services in the community setting. South Team-Service will still be delivered in the community setting but the staff base will be outside the current BT9 postal code. East Team- currently located in Mount Oriel, one mile away, and anticipate limited affect to their coverage of their current patch.</p> <p>Community based care is also the over arching theme of the following policy/transformational documents:</p>				

	<ul style="list-style-type: none"> <li>• Systems, not Structures- Changing Health and Social Care <ul style="list-style-type: none"> <li>○ Rising demand for healthcare services due to aging population demographics</li> <li>○ Empowering the workforce to improve quality of care and stop the cycle of crisis management</li> <li>○ Lack of financial sustainability based on use high use of agency workforce in various silos across the system</li> <li>○ Fragmentation of the workforce, working in silos and divided by professional and administrative boundaries</li> </ul> </li> <li>• Health and Wellbeing 2026 – Delivering together <ul style="list-style-type: none"> <li>○ Service to no longer be centred on structure and buildings, but to be provide in a person-centred way in the community setting thus enabling people to stay well longer.</li> </ul> </li> </ul> <p>Review of GP-led Primary Care Services in NI' (Department of Health, Social Services and Public Safety, 2016)  'The Future of GP Practice Premises' (General Practitioners Committee, 2010)  Delivering Together: Health and Wellbeing 2026</p>
<p><b>(1.9) Are there any factors that could contribute to/detract from the intended aim/outcome of the policy/proposal?</b>  For example: Financial, legislative</p>	<p>Funding secured for refurb in Finaghy and Trust facilities</p>

## Section 2: Classification of the Policy / Proposal

- The purpose of this Section is to consider the policy/proposal in terms of its **relevance** and likely **impact (actual/potential)** on **equality of opportunity, disability duties, good relations and human rights**.
- To **determine the impact (actual and potential)** of a policy/procedure on **equality of opportunity, disability duties, good relations and human rights** please **complete the screening questions at 2.1 – 2.6**.

Screening Questions	Yes	No
(2.1) Is there an <b>impact</b> on <b>Equality of Opportunity</b> for those affected by this policy, for each of the S75* equality categories?	X	
(2.2) Are there better <b>opportunities</b> to promote equality of opportunity for people within the S75 categories?		X
(2.3) Does the policy <b>impact</b> upon <b>Good Relations</b> between people of a different religious belief, political opinion or racial group?		X
(2.4) Are there <b>opportunities</b> to better promote good relations between people of a different religious belief, political opinion or racial group?		X
(2.5) Are there <b>opportunities</b> to encourage <b>Disabled People</b> to <b>participate</b> in public life and promote <b>positive attitudes</b> toward disabled people? (Disability Duties)		X
(2.6) Does the policy/proposal <b>impact</b> on <b>Human Rights</b> ?		X
*S75 equality categories include : Age, Dependent Status, Disability, Gender, Marital Status Ethnicity, Religion, Political Opinion and Sexual Orientation.		

### Screening Statement

- If you have answered **Yes** to **any** of the above questions complete **Sections 3 - 9. OR**
- If you have answered **No** to **all** of the above questions the policy may be **screened out** - go to **Screening Statement** at **2.7**.

**N.B: All Staff** must complete their **mandatory equality, good relations and human rights training** once every five years. This can be booked via HRPTS or completed online at [www.hsclearning.com](http://www.hsclearning.com). The online programme is called 'Making a Difference'. Belfast Trust Staff can also access a suite of equality and diversity training including: disability awareness, human rights and embracing diversity in HSC – please contact [Lesley.Jamieson@belfasttrust.hscni.net](mailto:Lesley.Jamieson@belfasttrust.hscni.net) for more information.

**(2.7) Screening Statement :**

This policy / proposal is **'screened out'** on the basis that: (please tick)

- It is a purely clinical or technical nature and has **no relevance** or **impact (actual / potential)** in terms of **equality of opportunity, disability duties, good relations and human rights.**
- It aims to standardise practice and / or achieve best practice based on current evidence.
- Reasonable adjustments** will be made for patients/service users as required including any information e.g. leaflets / letters in accessible/alternative formats

NB: Accessible/ Alternative formats can include, for example, information in easy to read formats or audio formats when the patient/service user has a learning disability or is visually impaired. For advice on making information accessible and inclusive for disabled patients/service users, click [Making Communication Accessible guidance](#). In addition, if a patient/service user does not speak English as his/her first language, an interpreter / sign language interpreter should be provided and written information should be translated as appropriate.

Any other reasons:

**There is not direct effect on service users/patients based on the purposes changes.**

**Managers will work with staff to ensure their work life balance arrangements will continue and if a review needs to be done it will be undertaken in a timely manner.**

**Additionally, the organisational change policy and processes will be followed in line with Trust policy.**

Approved Lead Officer: Position: Date:		Countersigned by*: Equality Manager: Date:	
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Please sign / date and forward to the Equality and Planning Team for consideration - [Lesley.Jamieson@belfasttrust.hscni.net](mailto:Lesley.Jamieson@belfasttrust.hscni.net).

**\*Equality screenings are completed with information provided by the policy / proposal author subject to advice and assistance provided by the Trust's Equality Managers.**

### Section 3: Consideration of Equality and Good Relations Issues and Evidence Used

This section records the quantitative and qualitative data you have used to consider equality and good relations issues including:

- The assessment of impact on staff and service users
- The identification of mitigation factors to reduce/remove any adverse impact
- Opportunities to better promote equality of opportunity

Evidence to help inform the screening process may be quantitative and qualitative. For example: previous consultations and equality impact assessments (eqias), statistics, research, complaints, feedback, referrals, grievances, inspection reports, focus groups, user groups etc.

#### (3.1) Quantitative and Qualitative Data: Service Users

**SERVICE USERS** – an internal office footfall survey was completed in Finaghy Health Centre to assess the impact of this move on the service users (between June and July 2023). The results of unplanned visits totalled 7% (3 visits) of the overall footfall, and so the potential for any adverse impact is minimal. To mitigate against the very minor potential for adverse impact, the Trust and Primary Care have agreed the team will have access to the Finaghy Health Centre via bookable rooms to facilitate face to face meetings with any service users, family or carers in the locality. Additionally, ID Services will send communication (easy read will be provided) to all families served by the South Team to notify them of the change and the identified mitigations.

Equality Category	Service Users	Quantitative Data (2011 Census Data unless otherwise stated)		Qualitative Data (Needs, Experiences, Priorities)
		Belfast / Castlereagh population	Service users affected %	

<b>1. Age</b>	0-15 16-24 25-34 35-44 45-54 55-64 65+	22% 11% 12% 14% 14% 12% 15%		<div data-bbox="1059 97 2018 679" data-label="Figure"> <p>The bar chart displays the percentage distribution of service users across seven age groups. The y-axis represents the percentage from 0% to 50% in 5% increments. The x-axis lists the age groups. The bars are colored as follows: 0-15 (orange, 27%), 16-24 (grey, 44%), 25-34 (yellow, 37%), 35-44 (blue, 29%), 45-54 (green, 30%), 55-64 (dark blue, 33%). A legend at the bottom identifies the colors for each age group.</p> <table border="1"> <caption>Age range of service users</caption> <thead> <tr> <th>Age Range</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>0-15</td> <td>27%</td> </tr> <tr> <td>16-24</td> <td>44%</td> </tr> <tr> <td>25-34</td> <td>37%</td> </tr> <tr> <td>35-44</td> <td>29%</td> </tr> <tr> <td>45-54</td> <td>30%</td> </tr> <tr> <td>55-64</td> <td>33%</td> </tr> </tbody> </table> </div> <p data-bbox="1059 724 2107 911">Services are provided to individuals with a learning disability or who are 16 and over. The age range of service users is detailed above... the largest group of whom are aged between 25 to 34. It is not anticipated that this proposed relocation of staff will have any adverse impact on service users on the basis of their age.</p>	Age Range	Percentage	0-15	27%	16-24	44%	25-34	37%	35-44	29%	45-54	30%	55-64	33%
Age Range	Percentage																	
0-15	27%																	
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35-44	29%																	
45-54	30%																	
55-64	33%																	
<b>2. Dependent Status</b>	Caring for a child dependant older person/ person with a disability	12% of usually resident population provide unpaid care - 36% of whom are male and 64% are female		By virtue of the nature of the service, it can be assumed that this cohort of service users are more likely to be dependent on carers, rather than having caring responsibilities. This proposal will not impact adversely on their carers, as meetings can continue to be facilitated in Finaghy Health Centre as required. The Mount Oriel team believe their service users and carers are best served in the community; the current office does not have facilities for meetings so the team will continue to work in the manner that they and their service users have been accustomed to.														

<b>3. Disability</b>	Yes No	21% 79%		All of the service users have a learning disability and many will have other conditions. For example, approximately 50 % of individuals with LD will have ADHD and evidence shows that people with a learning disability have a higher propensity to experience mental ill health. We also know that people with a learning disability have worse physical health than people without a learning disability. It is not envisaged that the relocation of staff will impact adversely on service users in terms of their disability as they will still have the same access to services and staff members, who can meet with them in Finaghy if required.
<b>4. Gender</b>	Female Male	49% 51%		Service users are 57% male and 43% female. This is a higher proportion of males than the Census figures of the Belfast and Castlereagh population. There is nothing to suggest on the basis of the information available that this proposed relocation of staff would impact adversely in regard to their gender.
<b>5. Marital Status</b>	Married/Civil P'ship Single Other/Not known	34.21% 46.6% 19.19%		Information on marital status of service users is not currently available – however there is no indication of any potential adverse impact on the basis of marital status.
<b>6. Race Ethnicity</b>	White Black/Minority Ethnic	98% 2%		Information on race or ethnicity is not routinely available however there is no evidence to suggest that this proposed relocation of staff would impact adversely in regard to race/ethnicity of service users.
<b>7. Religion</b>	Roman Catholic	41%		Information on the religious denomination of service users is not routinely available however there is no evidence to suggest that this proposed relocation of staff would impact adversely in regard to the religion of service users.
	Presbyterian Church of Ireland Methodist Other Christian	42%		

	Buddhist Hindu Jewish Muslim Sikh Other None	17%		
<b>8. Political Opinion</b> Based on Council seats on Belfast City Council, October 2017. Excludes Castlereagh	DUP SF SDLP UUP APNI Green PBP IND PUP	13 19 4 6 8 1 1 5 3  <i>Based on Council seats on Belfast City Council * Excludes Castlereagh</i>		The Trust does not routinely gather the political opinion of service users. There is nothing to suggest that this proposal would impact or have any bearing in regard to political opinion of service users.
<b>9. Sexual Orientation</b>	Opposite sex Same sex Same and Opposite sex Do not wish to answer /Not known	Estimated 6-10% of persons identify as lesbian, gay, bisexual  <i>Source: 2012 report by</i>		The Trust does not routinely gather the sexual orientation of service users. There is nothing to suggest that this proposal would impact or have any bearing in regard to any service user's sexual orientation.

		<i>Disability Action &amp; Rainbow Project</i>		
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### (3.3) Quantitative and Qualitative Data: Staff

This information will be provided together with analysis and advice by the Employment Equality Team in the Human Resources department.

**Quantitative Data:** For staff data please contact Martin McGrath on 028 95 048353 / martin.mcgrath@belfasttrust.hscni.net

**Qualitative Data:** Consideration will be given to the different needs, experiences and priorities of each of the categories in relation to the policy / proposal.

Should any equality / modernisation related issues arise they will be managed through the Organisational Change Framework. [Click here for Framework](#)

When organisational / policy change is necessary, regardless of whether it is a permanent or temporary change, the Trust is committed to treating staff fairly and equitably. Staff can be assured that the change process will be managed. This includes consultation with staff and the opportunity for staff to discuss in one to one meetings, any adverse equality impacts resulting in changes to their employment.

This framework also works alongside other Human Resources policies including for example the Disability and Reasonable Adjustment Framework, the Work Life Balance Policy and Procedure, the Recruitment and Selection Policy and Procedure and Agenda for Change Terms and Conditions Handbook.

Equality Category	Groups	Quantitative Data		Qualitative Data
		Belfast Trust workforce (@January	Staff affected by the Policy/Proposal %	

		2023)		
1. Age	16-24 25-34 35-44 45-54 55-64 65+	6% 24% 25% 22% 19% 4%	7% 36% 25% 18% 11% 2%	A younger workforce profile is evident in that of affected group with 14% (31%) fewer staff aged 45+ compared to that of the overall Trust (45%).
2. Dependant Status	Dependants No Dependants Not known	18% 24% 58%	20% 39% 41%	Of those declaring dependents, the affected group have +2% (20%) compared to the overall Trust (18%).  The affected group have a larger percentage, +15% (39%) declaring no dependents compared to the overall Trust (24%).
3. Disability	Yes No Not known	2% 63% 35%	5% 75% 20%	Of those declaring a disability, the affected group have +3% (5%) compared to the overall Trust (2%).  The affected group have a larger percentage, +12% (75%) declaring no disability compared to the overall Trust (63%).
4. Gender	Female Male	77% 23%	95% 5%	There is a higher proportion of female staff + 18% (95%) in the affected group compared to that of the overall Trust (77%).
5. Marital	Married/ Civil P'ship Single	43% 25%	43% 11%	Similar levels of staff in both groups are married or in a civil partnership. 32% of Trust staff have not declared their marital status compared to that

Status	Other/ Not known	32%	45%	of the affected group (45%).  Of those who are single, the affected group have 14% (11%) fewer compared to the overall Trust profile (25%).
6. Race				
a) Ethnicity	BME White Not Known	4% 65% 31%	0% 80% 20%	0% of the affected group have declared their ethnicity as 'BME' compared to 4% in the overall Trust.
b) Nationality	GB Irish Northern Irish Other Not known	20% 15% 2% 1% 62%	27% 36% 2% 0% 34%	Limited data available for overall Trust re: Nationality.  Of those declaring nationality, the affected group have +21% (36%) 'Irish' compared to the overall Trust profile (15%). There is also +7% (27%) of the affected staff as 'GB' compared to the overall Trust (20%).
7. Religion				
a) Community Background	Protestant Roman Catholic Neither	33% 43% 23%	25% 55% 20%	There is a higher proportion of staff from the Roman Catholic community background +12% (55%) in the affected group compared to that of the overall Trust profile (43%).
b) Religious Belief	Christian Other No religious belief Not known	30% 1% 10% 59%	45% 0% 18% 36%	Limited data available for overall Trust re: Religious Belief.  59% of Trust staff have not declared any religious belief compared to the affected group (36%).  A higher proportion of the affected group have declared their religious belief to be 'Christian' +15% (45%) compared to the overall Trust (30%).

<b>8. Political Opinion</b>  <i>* 2011 Assembly election</i>	Broadly Nationalist Broadly Unionist Other Do not wish to answer/ Unknown Not known	7% 6% 8% 79%	9% 7% 11% 72%	<p>Limited data available for both staff groups re: Political Opinion.</p> <p>79% of Trust staff have not declared any political opinion compared to the affected group (72%).</p> <p>A higher proportion of staff have a Political Opinion status of 'Broadly Nationalist' +2% (9%) compared to that of the overall Trust (7%).</p>
<b>9. Sexual Orientation</b>	Opposite sex Same sex or both sexes Do not wish to answer	43%  2%  55%	66%  2%  32%	<p>Limited data available for overall Trust re: Sexual Orientation.</p> <p>55% of Trust staff have not declared any sexual orientation compared to the affected group (32%).</p> <p>A higher proportion of staff in the affected group selected 'Opposite sex' +23% (66%) compared to that of the overall Trust (43%).</p>

#### Section 4: Consideration of Impacts, Mitigation, Alternative Policies / Proposals

Given the **evidence** gathered in Section 3 please identify for each of the **nine equality categories** the level of **impact, mitigation measures** and **alternative policies / proposals** that better **promote equality of opportunity**.

##### (4.1) SERVICE USERS – Minimal service user impact

Equality Category	Level of Impact			Mitigation Measures and Alternative Policies or Actions that might lessen the severity of the equality impact  (where Major or Minor Impact identified)
	Major	Minor	None	
Age		X		The proposed relocation would have minimal potential impact for service users, as illustrated by the audit undertaken over a 2 month period in June and July. This showed

<b>Dependant Status</b>			X	<p>that there were only 3 unplanned visits.</p> <p>Service users will still continue to have access to the same level of services and will have continuity in that they will still have the same key workers.</p> <p>Belfast Trust and Primary Care have agreed the team will have access to the Finaghy Health Centre via bookable rooms to facilitate face to face meetings with any service users, family or carers in the locality. The Mount Oriel team will have the same consideration when to come to the Mount Oriel Day Centre; there are currently no meetings areas available to them within their current footprint.</p> <p>Additionally, ID Services will send communication (easy read will be provided) to all families served by the South Team to notify them of the change and the identified mitigations.</p>
<b>Disability</b>		X		
<b>Gender</b>			X	
<b>Marital Status</b>			X	
<b>Race (Ethnicity)</b>			X	
<b>Religion</b>			X	
<b>Political Opinion</b>			X	
<b>Sexual Orientation</b>			X	
<b>Multiple Identity e.g. disabled minority ethnic people or young Protestant men.</b>			X	

**(4.2) STAFF**

Equality Category	Level of Impact			Mitigation Measures and Alternative Policies or Actions that might lessen the severity of the equality impact  (where Major or Minor Impact identified)
	Major	Minor	None	
<b>Age</b>		X		<p>With a primarily female and young workforce there may be a greater potential for staff with caring responsibilities requesting flexible working options. The service also acknowledges the potential for a considerable impact on staff due to moving location e.g. their travel times to and from work, cost of travel (protection arrangements available) and may cause issues in relation to childcare arrangements. The new base</p>
<b>Dependant Status</b>		X		
<b>Disability</b>		X		

<b>Gender</b>			X		will be some 5 miles away from Finaghy and 2.3 miles from Mount Oriel. There is a direct bus route from Mount Oriel but in terms of public transport from Finaghy, this would require 2 buses to get to KHCP.
<b>Marital Status</b>				X	
<b>Race</b>	<b>Ethnicity</b>			X	In accordance with the <a href="#">Flexible Working arrangements</a> , all staff have the ability to apply for flexible working. All flexible working options and applications should be discussed with staff and seriously considered whilst also maintaining appropriate levels of service provision.
	<b>Nationality</b>			X	
<b>Religion</b>	<b>Community Background</b>			X	The Trust has an organisational management of change framework which has may options for staff such as redeployment or retraining, who do not wish to move to the new base.
	<b>Religious Belief</b>			X	
<b>Political Opinion</b>				X	The 5% of the staff cohort have declared a disability, this EQIA process would not be the appropriate forum to ascertain the nature of the disability . This will be established during one to one meetings. Individuals who have declare a physical disability will discuss their options individually with managers as there is no lift to the first floor accommodation in Graham House
<b>Sexual Orientation</b>				X	
<b>Multiple Identity</b> e.g. female staff with caring responsibilities			X		In line with this process, staff will be offered the opportunity to discuss in one to one meetings any adverse equality impacts resulting in changes to work location and/or working patterns. Reasonable adjustments will be incorporated on an individual basis, as required.

## Section 5: Good Relations

Based on the **evidence** collected in Section 3 & 4:

- To what extent is the policy/proposal likely to **impact Good Relations** i.e. between people of different religious belief, political opinion or racial group?
- Are there any **additional measures** that could be suggested to ensure the policy or proposal **promotes Good Relations**?

Good Relations category	Level of impact			Mitigation Measures and Alternative Policies or Actions that might lessen the severity of the equality impact
	Major	Minor	None	

				(where Major or Minor Impact identified)
<b>Religious belief</b>			X	There is nothing to indicate that this proposal would have any bearing in terms of the promotion of good relations between people of different religious belief, political opinion or racial group. The Trust has a Good Relations scheme, which underpins the Trust's commitment to our statutory responsibility to promote good relations. All staff attend or undertake online mandatory equality, human rights and good relations training.
<b>Political opinion</b>			X	
<b>Racial group</b>			X	

<b>Section 6: Disability Duties</b>	
<p>How does the policy / proposal:</p> <ul style="list-style-type: none"> <li>• <b>encourage disabled people to participate in public life and</b></li> <li>• <b>promote positive attitudes towards disabled people?</b></li> </ul> <p>Consider what <b>other measures</b> you could take to meet these <b>duties</b>.</p> <p><i>For example, have staff received disability equality training.</i></p>	<p>Staff will be mindful of any reasonable adjustments required in the implementation of this proposed for staff should be discussed at 1-2-1 meetings with Management and HR representatives.</p> <p>All Health and Social Care staff are required to undertake mandatory equality training, which includes disability duties and human rights considerations. Staff will also be aware of the need to consider reasonable adjustments in terms of accessibility of information and communication. The Trust has led on production of the Making Communication Accessible guidance specifically to help HSC staff respond sensitively and effectively with people who have a disability and communication needs. Disability Awareness training is also available to any member of staff to attend online.</p> <p>The Trust has produced a regional <a href="#">disability policy</a> and <a href="#">disability tool kit</a> that staff and management can refer to, should any Disability related queries arise. The Diversity</p>

	and Inclusion Team are also able to assist on any circumstance that may arise.
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## Section 7: Human Rights

Belfast Health and Social Care Trust is committed to providing the **highest attainable standard of health** within our resources.

**Does the policy/proposal affect human rights in a positive or negative way?**

Article	Positive impact	Negative impact (Human Right has been interfered with or restricted)	Neutral impact
A2: Right to life			X
A3: Right to freedom from torture, inhuman or degrading treatment or punishment			X
A4: Right to freedom from slavery, servitude & forced or compulsory labour			X
A5: Right to liberty & security of person			X
A6: Right to a fair & public trial within a reasonable time			X
A7: Right to freedom from retrospective criminal law & no punishment without law			X
A8: Right to respect for private & family life, home and correspondence.			X
A9: Right to freedom of thought, conscience & religion			X
A10: Right to freedom of expression			X
A11: Right to freedom of assembly & association			X

A12: Right to marry & found a family			X
A14: Prohibition of discrimination in the enjoyment of the convention rights			X
1st protocol Article 1 – Right to a peaceful enjoyment of possessions & protection of property			X
1 <sup>st</sup> protocol Article 2 – Right of access to education			X
<p>Please outline: any actions you will take to <b>promote awareness of human rights</b> and</p> <ul style="list-style-type: none"> <li><b>evidence</b> that human rights have been taken into consideration in <b>decision making</b> processes.</li> </ul>	<p>The Trust is committed to the safeguarding and promotion of Human Rights in all aspects of its work. The Human Rights Act 1998 gives effect in UK Law to the European Convention on Human Rights. It makes it unlawful for a public body to act incompatibly with the Convention rights.</p> <p>It is not anticipated that this proposal will result in any negative impact on human rights.</p> <p>The Trust will make every effort to ensure that respect for human rights, is part of its day-to-day work and is incorporated and reflected as an integral part of its actions and decision-making process. The Trust will keep human rights considerations and relevant legislation and previous judicial reviews at the core of any decisions or considerations.</p> <p>The Trust is committed to upholding the principles of the UN Convention on the Rights of Persons with Disability (UNCPRD) which seeks to promote, protect and ensure full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities and to promote respect for their inherent dignity.</p> <p>All staff are required to attend mandatory Equality, Good Relations and Human Rights training.</p>		

<b>Section 8: Screening Decision</b>	<b>Major</b>	<b>Minor</b>	<b>None</b>
<p><b>(8.1) How would you categorise the impacts of this policy / proposal?</b> (Please underline one category)</p>	(Screened In for an	<b>(Screened Out</b>	(Screened

	Equality Impact Assessment)	with mitigation)	Out)
<p><b>(8.2)</b> If you have identified any impact, what <b>mitigation</b> have you considered to address this?</p>	<p>This relocation plan aims to create more collaborative working model across the South and East community teams and provide a space for professional and non-professional staff to support one another in their day to day working.</p> <p>The proposal is the result of integrated working across Primary and Secondary care, working to deliver the right care in the right place at the right time.</p> <p>The policy has the potential to impact (on) the protected areas of age, gender and caring responsibilities.</p> <p>When organisational /policy change is necessary, regardless of whether it is a permanent or temporary change, the Trust is committed to treating staff fairly and equitably. Staff can be assured that the change process will be managed. This includes consultation with staff and the opportunity for staff to discuss in one to one meetings, any adverse equality impacts resulting in changes to their employment.</p> <p>This framework also works alongside other Human Resources policies including for example the Disability and Reasonable Adjustment Framework, the Work Life Balance Policy and Procedure, the Recruitment and Selection Policy and Procedure and Agenda for Change Terms and Conditions Handbook.</p>		
<p><b>(8.3)</b> Do you consider the policy/proposal needs to be subjected to <b>on-going screening</b>?</p>	<p><b>Yes</b></p>	<p><b>No</b>  <b>X</b></p>	<p><b>Reasons</b></p>
<p><b>(8.4)</b> Do you think the policy/proposal should be subject to an <b>Equality Impact Assessment (EQIA)</b>?</p> <p>NB: A full Equality Impact Assessment (EQIA) is usually</p>	<p><b>Yes</b></p>	<p><b>No</b>  <b>X</b></p>	<p><b>Reasons</b></p>

confined to those policies or proposals considered to have <u>major</u> implications for equality of opportunity/good relations/human rights.			
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**Section 9: Monitoring**



**(9.1) Please detail how you will monitor the effect of the policy/proposal for impact in terms of equality of opportunity, good relations, disability duties and human rights?**

- Monitoring will be undertaken by the manager and include consideration of feedback and any complaints in this area as well as any equality issues.
- For the first 3 months live feedback will be undertaken with staff who use the new location to identify any issues.
- As part of the review of the relocation any equality issues will be explored.

Please sign /date and forward to the Equality and Planning Team for consideration - [Lesley.Jamieson@belfasttrust.hscni.net](mailto:Lesley.Jamieson@belfasttrust.hscni.net).

**Equality screenings are completed with information provided by the policy / proposal author subject to advice and assistance from the Trust's Equality Managers.**

**Please note that Completed and Signed Screening Templates are public documents and are posted on the Trust's website.**

<b>Approved Lead Officer</b>			
		<b>Countersigned by:</b>	
<b>Position</b>	Senior Planning and Equality Manager	<b>Equality Manager</b>	Orla Barron
<b>Date</b>	08/08/2023	<b>Employment Equality Manager</b>	Martin McGrath/ Samantha Whann

