

[REDACTED]

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**From:** [REDACTED]@hscni.net' <[REDACTED]@hscni.net>

**Sent:** 06 February 2013 15:00

**To:**

[REDACTED]  
[REDACTED] McNicholl, Catherine; [REDACTED]

**Cc:**

**Subject:** MH & LD Resettlement Project Board 8 Feb 13

**Attachments:** agenda 8 feb 13 - resettlement project board (3).doc; fw: performanceupdate4february2013.msg

**Categories:** Yellow Category

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Dear all

Please find attached agenda and paper for the Mental Health and Learning Disability Resettlement Project Board  
**Friday 8<sup>th</sup> February 2013, 10.00am in Conference Room 3, HSCB, 12-22 Linenhall Street, Belfast.**

Regards

[REDACTED]  
[REDACTED]  
Personal Secretary to [REDACTED]  
Assistant Director of Mental Health & Learning Disability  
Social Care & Children's Directorate  
HSCB, 12-22 Linenhall Street, Belfast, BT2 8BS

Tel: [REDACTED]  
Email: [REDACTED]@hscni.net

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**Mental Health and Learning Disability  
Resettlement Project Board**  
Conference Room 3, HSCB, 12-22 Linenhall Street, Belfast

**8 February 2013 @ 10.00am**

**A G E N D A**

1. Apologies
2. Resettlement Project Board Structures
  - Membership
  - Community Integration Programme for Learning Disability
3. 7/12/2012 - Workshop Issues
  - Business Case Production
  - PPANI Arrangements
  - Regulation Framework Gaps DSD/DHSSPS/RQIA
  - Community Services to meet complex needs
  - Parental / NOK opposition
4. Resettlement Progress updates to 4 February 2013
  - Mental Health
  - Learning Disability
5. Delayed Discharge
6. Community Opposition to Housing Developments
7. Scheduled Meetings for 2013
8. AOB

[REDACTED]

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**From:** [REDACTED]@hscni.net> on behalf of [REDACTED]  
**Sent:** 06 February 2013 14:51  
**To:** [REDACTED]  
**Subject:** FW: PerformanceUpdate4February2013  
**Attachments:** PerformanceUpdate4February2013.xls

[REDACTED]  
Personal Secretary to [REDACTED]  
Assistant Director of Mental Health & Learning Disability  
Social Care & Children's Directorate  
HSCB, 12-22 Linenhall Street, Belfast, BT2 8BS

Tel: [REDACTED]  
Email: [REDACTED]@hscni.net

Resettlement - Performance Update; Position at 4 February 2013

#### LEARNING DISABILITY

Trust of Residence	Target to March 2013	Resettled at 31 December	Planned Jan to March - On Track for Achievement	Forecast Total March 2013	Planned Jan to March - NOT On Track for Achievement	Assessment
Belfast	13	8	5	13	8	Target on track for achievement
Northern	6	2	7	9	2	Target on track for achievement
South Eastern	10	6	6	12		Target on track for achievement
Southern	6	3	13	16	0	Target on track for achievement
Western	3	1	1	2	0	2 planned patients deceased
<b>Region</b>	<b>38</b>	<b>20</b>	<b>32</b>	<b>52</b>		

Note: All Trusts except Western have plans for numbers greater than their agreed targets

#### MENTAL HEALTH

Trust of Residence	Target to March 2013	Resettled at 31st December	Planned Jan to March - On Track for Achievement	Forecast Total March 2013	Planned Jan to March - NOT On Track for Achievement	Assessment
Belfast	3	2	4	6	3	Target on track for achievement
Northern	2	0	1	1	0	1 planned patient deceased
South Eastern	14	15	0	15	0	Target Achieved
Southern	13	2	0	2	17	Target will not be achieved
Western	5	2	2	4	8	Target not on track at moment but should recover
<b>Region</b>	<b>37</b>	<b>21</b>	<b>7</b>	<b>28</b>		

Note: Belfast and Western have plans for numbers greater than their agreed targets



[REDACTED]

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**From:** Rafferty, Esther </o=belfast trust/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=esther.rafferty>  
**Sent:** 04 March 2014 09:18  
**To:** Dalzell, Bronagh  
**Cc:** [REDACTED] Veitch, John; McNicholl, Catherine; [REDACTED]  
Milliken, Colin; Mitchell, Mairead  
**Subject:** FW: Antrim Guardian  
**Attachments:** scan0017.pdf

**Categories:** Orange Category

Bronagh

Just an afterthought. We think that with the board we now should consider further engagement with the Health committee regarding the continuing resettlement programme  
John will discuss with [REDACTED] in the first instance

Esther

**From:** Rafferty, Esther  
**Sent:** 04 March 2014 09:15  
**To:** Dalzell, Bronagh  
**Cc:** [REDACTED] Veitch, John; McNicholl, Catherine; [REDACTED]@hscni.net; Milliken, Colin; Mitchell, Mairead  
**Subject:** FW: Antrim Guardian

Bronagh

John is with me at a meeting this morning but we both agree that we should be proactive in facilitating an early meeting with Antrim Council to address the issues highlighted. If in agreement could I please ask you to proceed accordingly. John should be back in his office by 12 noon.

Esther

**From:** [REDACTED]  
**Sent:** 04 March 2014 09:11  
**To:** Rafferty, Esther  
**Subject:** Antrim Guardian

As requested.

[REDACTED]

# With Muckamore top brass

by Jeremy Hopkin  
now@onlinjournal.co.uk

For their part, the Belfast Trust have rejected claims that their policy has been reckless and downright dangerous.

**N e v e r t h e l e s s ,** Alderman Drew Ritchie - who worked at Muckamore for decades - is seeking an opportunity to grill top brass on exactly what is going on, and why so many staff are 'voicing discomfort'.

"Members are probably aware that there has been a lot of press coverage about the policy for some time" - and he shared them.

erage recently regarding Muckamore Abbey and its resettlement policy," he said.

"I would ask, through the chair, that the Chief Executive contact the Belfast Trust and ask representatives to attend our Health Sub-Committee for clarification on what exactly is going on up there."

This was echoed by Councillor Adrian Watson, a former Director of the North and West Belfast Trust.

He agreed that there have been concerns about the policy for some time - and he shared them.

With concern running high, the chamber unanimously agreed to extend an invite for private talks.

"If there are concerns among staff, and apparently there are, let's hear more about it. It seems some believe that welfare is not taking precedence over bureaucratic decisions."

"There have been people in Muckamore who have committed serious crimes and they are being shifted too," he said.

"I have concerns for them, and for the wider community."

## Trust rejects Muckamore resettlement claims

THE Health Trust in charge of Muckamore Abbey Hospital has hit back at claims which challenged their resettlement policy.

Describing the resettlement of patients as a 'ministerial directive' - which states that by March 2015, nobody should have a hospital as their home address when they no longer require inpatients care - the Belfast Trust maintained that the community integration project running in Muckamore enables patients and their families to agree a community placement that is only 'focused on making things better for the individual'.

A spokeswoman also denied claims that patients are 'forced out' of the hospital, arguing that placements are agreed between the patient, their care team and family. She added that each discharge plan is tailored to the patient's own needs and long term patients have been 'fully involved' in the planning process.

Accepting that resettlement is a 'major change', she noted the 'significant work' which goes into ensuring that staff get to know the patient in the ward before any trial resettlement in order to help patients settle into their new environment.

"With reference to the staffing issues raised, some staff have chosen to be redeployed to a local placement where the patient is moving to."

"There is a very clear workforce strategy in place which has the full

participation of trade union colleagues across all departments in the hospital and regular staff information days have been held for the past two years with trade union representation for staff - the next one is planned for April 15 2014."

"Staff have been employed on temporary contracts as part of the overall workforce strategy for Muckamore. This is to ensure that adequate staffing is in place to provide day-to-day care as well as protecting substantive post-holders working in the hospital as part of the workforce strategy."

She also vehemently denied an allegation that a patient involved in the process had taken their own life - though the Trust had declined

to comment when this was first put to them in November.

Looking to the future, she pointed out that Muckamore Abbey would continue to provide for those who require inpatient hospital care. She also confirmed that new wards have been built to enable the Trust to provide a 'better quality service' for these patients.

She added: "Inevitably, as patients leave the resettlement wards to go to their new homes these wards will close. The wards that do close, however, do not provide suitable accommodation from which to deliver the best possible care in the 21st century."

[REDACTED]

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**From:** [REDACTED] </o=belfast trust/ou=first administrative group/cn=recipients/cn=nwb-[REDACTED]>  
**Sent:** 04 March 2014 10:58  
**To:** [REDACTED]@hscni.net'  
**Cc:** McNicholl, Catherine; Stevens, Tony; Champion, June; Mitchell, Mairead; [REDACTED]; [REDACTED] Cairns, Claire; [REDACTED]  
**Subject:** Serious Adverse Incident BHSCT/SAI/[REDACTED] - Final Report  
**Attachments:** bhSct\_sai\_[REDACTED] redacted final report.doc

**Categories:** Blue Category, Purple Category

**Sent on behalf of Claire Cairns, Senior Manager, Corporate Governance**

Dear Colleagues

Please find attached Serious Adverse Incident Final Report BHSCT/SAI/[REDACTED] for the Belfast Health & Social Care Trust.

If you have any queries or require further assistance please do not hesitate to contact Claire Cairns, Senior Manager Corporate Governance, by email: [Claire.Cairns@belfasttrust.hscni.net](mailto:Claire.Cairns@belfasttrust.hscni.net) or Telephone [REDACTED]

Regards,

[REDACTED]  
[REDACTED]  
**Risk & Governance Officer**  
**Belfast Health & Social Care Trust**  
**6th Floor McKinney House**  
**Musgrave Park Hospital**  
**Stockmans Lane**  
**Belfast BT9 7JB**  
**Contact Number:** [REDACTED]  
**Email Address:** [REDACTED]@belfasttrust.hscni.net

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**From:** serious incidents <seriousincidents@hscni.net>  
**Sent:** 06 March 2014 15:07  
**To:** SeriousAdverseIncident-SM  
**Cc:** [REDACTED] HSCB Ref: [REDACTED]  
**Subject:** Early Alert Notification: EA/BHSC [REDACTED]  
**Attachments:** early alert proforma ea1658.docx.htm  
**Sensitivity:** Confidential

\*This email is covered by the disclaimer found at the end of the message.\*

The attached Early Alert, which was reported on **9 November 2012** remains open. No subsequent SAI has ever been received. I had contacted the DRO to see if the Early Alert could now be closed. The DRO has responded saying – *'given the serious nature of this incident and its public interest I am of the opinion that it should be an SAI.'*

Can you please let me know the status of the above Early Alert as it hasn't been reported as an SAI?

Regards,

[REDACTED]  
Governance Support Officer  
Corporate Services Department  
Health & Social Care Board  
Tower Hill  
Armagh

E: [REDACTED]  
T: [REDACTED]

**From:** [REDACTED]  
**Sent:** 09 November 2012 16:40  
**To:** early alert; 'earlyalert@dhsspsni.gov.uk'; cx office  
**Cc:** 'brenda.creaney@belfasttrust.hscni.net'; Robinson, David; McNicholl, Catherine; Tony Stevens; Champion, June; Cairns, Claire; EarlyAlertNotificationMedDir  
**Subject:** Early Alert Notification  
**Importance:** High  
**Sensitivity:** Confidential

**Sent on behalf of Claire Cairns Corporate Governance Manager**

Dear Colleagues

Please find attached Early Alert Notification for the Belfast Health & Social Care Trust.

If you have any queries or require further assistance please do not hesitate to contact Claire Cairns, Corporate Governance Manager by email: [claire.cairns@belfasttrust.hscni.net](mailto:claire.cairns@belfasttrust.hscni.net) or Telephone [REDACTED] mob: [REDACTED]

Regards,

[REDACTED]

**Risk & Governance**

Belfast Health & Social Care Trust  
6th Floor McKinney House  
Musgrave Park Hospital  
Stockmans Lane  
Belfast BT9 7JB  
Contact Number: [REDACTED]  
Email Address: [earlyalertnotificationmeddir@belfasttrust.hscni.net](mailto:earlyalertnotificationmeddir@belfasttrust.hscni.net)

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**Belfast Health and  
Social Care Trust**

**BHSCT Annex A**

Initial call made to: [REDACTED] (DHSSPS) on [REDACTED] (DATE)

**Follow-up Proforma for Early Alert Communication:**

Details of Person making Notification:

Name [Dr David Robinson] Organisation [Belfast HSC Trust]  
Position [Co-Director Nursing: Governance, Standards and Performance] Phone [REDACTED]

**Criteria (from para 1.3) under which event is being notified (tick as appropriate)**

1. **urgent regional action**
2. **contacting patients/clients about possible harm**✓
3. **press release about harm**
4. **regional media interest**✓
5. **police involvement in investigation**✓
6. **events involving children**
7. **suspension of staff or breach of statutory duty**✓

Brief summary of event being communicated: *\*If this relates to a child please specify BOD, legal status, placement address if in RRC. If there have been previous events reported of a similar nature please state dates and reference number. In the event of the death or serious injury to a child – Looked After or on CPR – please confirm report has been forwarded to Chair of Regional CPC.*

On [REDACTED], a member of staff reported that [REDACTED] staff [REDACTED] [REDACTED] had physically abused [REDACTED] patients in [REDACTED] Ward in Muckamore Abbey Hospital. These staff have been suspended pending outcome of investigations. The PSNI have been informed. The Trust is in the process of referring the staff to the Independent Safeguarding Authority. The Nursing and Midwifery Council has been notified [REDACTED].

**Appropriate contact within the organisation should further detail be required:**

Name of appropriate contact [Dr David Robinson on behalf of Miss Brenda Creaney]

Contact details: Telephone (work or home) [REDACTED]

Mobile (work or home)

Email address (work or home) david.robinson@belfasttrust.hscni.net

Forward proforma to Patient/Client Safety Services, Risk & Governance Department using the '**EarlyAlertNotificationMedDir**' mailbox.

**FOR COMPLETION BY DHSSPS:**

Early Alert Communication received by: ..... Office: .....

Forwarded for consideration and appropriate action to: ..... Date: .....

Detail of follow-up action (if applicable) .....

**From:** [REDACTED] on behalf of EarlyAlertNotificationMedDir-SM

**Sent:** 28 January 2015 11:21

**To:** 'seriousincidents@hscni.net'

**Cc:** Mitchell, Mairead; [REDACTED] HSCB Ref: [REDACTED]

**Subject:** RE: Early Alert Notification: EA/BHSC/ [REDACTED] HSCB Ref: [REDACTED]

**Attachments:** update letter on bhsc [REDACTED] hscb ref [REDACTED].doc.htm

**Importance:** High

**Sensitivity:** Confidential

**Follow Up Flag:** Follow up

**Flag Status:** Completed

**Sent on behalf of Claire Cairns, Co-Director Risk & Governance**

Dear Colleagues,

Please find attached response regarding the queries in relation to Early Alert Notification BHSC/EA [REDACTED] HSCB Ref [REDACTED].

If you have any queries or require further assistance please do not hesitate to contact Claire Cairns, Co-Director Risk & Governance by email: [claire.cairns@belfasttrust.hscni.net](mailto:claire.cairns@belfasttrust.hscni.net) or Telephone [REDACTED] / mob: [REDACTED]

Regards,

[REDACTED]

**From:** serious incidents [<mailto:seriousincidents@hscni.net>]

**Sent:** 16 January 2015 12:19

**To:** SeriousAdverseIncident-SM

**Subject:** Early Alert Notification: EA/BHSC/ [REDACTED] HSCB Ref: [REDACTED]

**Importance:** High

**Sensitivity:** Confidential

"This email is covered by the disclaimer found at the end of the message."

Please see email below sent 6 March 2014, in relation to the above incident.

This Early Alert remains open. No subsequent SAI has ever been received and the DRO feels that it should be an SAI.

Can you please let me know the current status of this Early Alert, as it remains open and if an SAI is to be submitted?

Many Thanks

[REDACTED]  
Governance Support Officer  
Corporate Services Department  
Health & Social Care Board  
Tower Hill  
Armagh

[REDACTED]

T: [REDACTED]

**From:** serious incidents  
**Sent:** 06 March 2014 15:07  
**To:** SeriousAdverseIncident-SM (SeriousAdverseIncident@belfasttrust.hscni.net)  
**Cc:** [REDACTED]  
**Subject:** Early Alert Notification: EA/BHSC/ [REDACTED] HSCB Ref: E [REDACTED]  
**Sensitivity:** Confidential

The attached Early Alert, which was reported on 9 November 2012 remains open. No subsequent SAI has ever been received. I had contacted the DRO to see if the Early Alert could now be closed. The DRO has responded saying – ‘given the serious nature of this incident and its public interest I am of the opinion that it should be an SAI.’

Can you please let me know the status of the above Early Alert as it hasn't been reported as an SAI?

Regards,

[REDACTED]  
Governance Support Officer  
Corporate Services Department  
Health & Social Care Board  
Tower Hill  
Armagh

E: [REDACTED]

**From:** [REDACTED]  
**Sent:** 09 November 2012 16:40  
**To:** early alert; 'earlyalert@dhsspni.gov.uk'; cx office  
**Cc:** brenda.creaney@belfasttrust.hscni.net; Robinson, David; McNicholl, Catherine; Tony Stevens; Champion, June; Cairns, Claire; EarlyAlertNotificationMedDir  
**Subject:** Early Alert Notification  
**Importance:** High  
**Sensitivity:** Confidential

Sent on behalf of Claire Cairns Corporate Governance Manager

Dear Colleagues

Please find attached Early Alert Notification for the Belfast Health & Social Care Trust.

If you have any queries or require further assistance please do not hesitate to contact Claire Cairns, Corporate Governance Manager by email: [claire.cairns@belfasttrust.hscni.net](mailto:claire.cairns@belfasttrust.hscni.net) or Telephone [REDACTED] mob: [REDACTED].

Regards,

[REDACTED]  
**Risk & Governance**  
Belfast Health & Social Care Trust  
8th Floor McKinney House  
Musgrave Park Hospital  
Stockmans Lane  
Belfast BT9 7JB  
Contact Number: [REDACTED]  
Email Address: [earlyalertnotificationmeddir@belfasttrust.hscni.net](mailto:earlyalertnotificationmeddir@belfasttrust.hscni.net)



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## Belfast Health and Social Care Trust

26<sup>th</sup> January 2015

■■■■■■■■■■s  
Governance Support Officer  
Corporate Services Department  
Health & Social Care Board  
Tower Hill  
Armagh  
BT61 9DR

Your Ref. BHSCT/EA■■■■■■■■■■  
Our Ref. ■■■■■■■■■■

Dear ■■■■■■■■■■

Further to recent queries in relation to the above Early Alert Notification the Trust would advise as follows:

- ***This Early Alert remains open. No subsequent SAI has ever been received and the DRO feels that it should be an SAI.***

This was not investigated under the SAI procedure but under safeguarding vulnerable adults.

- ***Can you please let me know the current status of this Early Alert, as it remains open and if an SAI is to be submitted?***

A multidisciplinary/multi-agency group was tasked with investigating this issue which included PSNI and RQIA. The investigation was concluded and the report has been shared with those concerned to ensure recommendations are taken forward.  
The early alert should be closed.

If you require further information, please do not hesitate to contact Claire Cairns Co-Director Risk & Governance by Telephone ■■■■■■■■■■ or Mobile: ■■■■■■■■■■ or email: [Claire.Cairns@belfasttrust.hscni.net](mailto:Claire.Cairns@belfasttrust.hscni.net)

Yours Sincerely

■■■■■■■■■■

Claire Cairns  
Co-Director Risk & Governance

Risk & Governance Department  
6<sup>th</sup> Floor, McKinney House, Musgrave Park Hospital  
Stockmans Lane, Belfast, BT9 7JB

Medical Directors Office  
Belfast Health and Social Care Trust

Risk & Governance Department  
6<sup>th</sup> Floor, McKinney House, Musgrave Park Hospital  
Stockmans Lane, Belfast, BT9 7JB

[REDACTED]

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**From:** Veitch, John </o=belfast trust/ou=first administrative group/cn=recipients/cn=seb-jveitch>  
**Sent:** 28 January 2015 11:44  
**To:** [REDACTED]  
**Cc:** McNicholl, Catherine; [REDACTED] Williams, Noel; Morrison, Aine; [REDACTED]  
[REDACTED] Edwards, Mark; Blaney, Michael; Mcneany, Barney  
**Subject:** FW: Day Care And Other Community Definition Documents (Community Indicators)  
**Categories:** Yellow Category

[REDACTED]

I have just become aware that [REDACTED] has recently written separately to Directors regarding Day Care services data and therefore thought it would be useful to share the attached internal communication with you given the unfortunate history of these issues. Please also note that these comments are "work in progress" within the Trust.

I trust this is helpful.

John

**From:** Veitch, John  
**Sent:** 27 January 2015 15:15  
**To:** Williams, Noel  
**Cc:** Edwards, Mark; Blaney, Michael; McNeany, Barney; [REDACTED]  
**Subject:** FW: Day Care And Other Community Definition Documents (Community Indicators)

Noel

Hopefully these comments from Aine are helpful. It is however important to emphasise that this is illustrative of the issues and difficulties associated with this and is by no means an exhaustive list of problematic issues and definitions. We also think that this has been exacerbated by work being conducted through professional not service lines as this does not reflect current service provision/ configuration.

Please let me know if you require any further detail or info at this stage. Thanks again for your support with this.

John

**From:** Morrison, Aine  
**Sent:** 23 January 2015 20:03  
**To:** Veitch, John; [REDACTED]  
**Cc:** Rafferty, Esther; Okane, Maurice; [REDACTED]  
**Subject:** RE: Day Care And Other Community Definition Documents (Community Indicators)

John,

Best response I can put together given the timescales involved. I won't have time to look at it next week. In general, I thought the definitions were fairly clear and as tight as is probably possible. I think that most of them would lead to consistency of application.

Some issues that I thought required further work were;

1. Residential and Nursing Care – some homes are registered for more than one category of care and some residents will have multiple needs. How are these homes and service users to be categorised?
2. Day Services – asked for waiting lists. I would be concerned if waiting lists were to be seen as the primary indicator of demand and/or unmet need. We generally do not operate a formal waiting list. We tend to

offer people an alternative but less preferred option or tell them that there is no provision available. Also concerned that the guidance says that if people are waiting for a fulltime place but are offered a part time place, they are to come off the waiting lists. This will clearly underestimate demand/unmet need.

3. Day Services – returns templates. Do these only apply to statutory day services ? We purchase quite a lot of our daycare on an individual basis from the independent sector and would not be in a position to comment on the overall picture of occupancy rates, no of places etc in these facilities. However, if these are not counted, this will underestimate the amount of daycare provided by the Trust and the expenditure on this.
4. Community nursing – definitions seemed ok to me but Neil probably better placed to comment.
5. Domiciliary care – this is divided into conventional domiciliary care and reablement. I think it creates major problems not to include supported living as a separate and distinct subset of domiciliary care. The currencies for traditional domiciliary care and supported living settings particularly in relation to hours of care, rates paid etc. This may change with new contracting arrangements but currently these services do not lend themselves to a counting of hours approach.
6. Social Work. Referrals; while the definition seems fine, an assumption that referrals are made to social work specifically does not work in the context of multi-disciplinary teams. It is not possible to disaggregate social work referrals from multi-disciplinary team referrals.  
Dormant – examples of how dormant may be used seem to focus on blind and partially sighted services. Other services use dormant in a variety of ways which would need acknowledged and defined further.  
Carers’ grant – these grants are normally used to alleviate the stresses of carers not in the manner of stated although these uses are also possible.  
Not all services uses the terms case management and case manager. The variety of other terms listed as variants of case manager including the term keyworker has the potential to cause considerable confusion and differences in application. If these terms are to be used to count anything, considerably more clarity would be required.  
Representative – definition says “authorised” but not clear who is providing the authorisation and for what purpose. Without further definition, the term is much too general.  
The social work definitions paper attempts to define a very wide range of terms. The definitions do describe the term accurately but the term itself is so general as to make counting it very difficult. An example of this would be person centred assessment. The definition describes the concept of person centredness accurately but if Trusts were required to count from this definition, there would be no way of determining how to make the judgement on what was person centred. That said , the document seems to suggest that the primary count of social work activity will continue to be made via the statutory functions reporting. The definitions in this are generally clear.
7. General comments would be that everything is measuring activity and not outcome. From the community teams perspective , we are working to incorporate most of these information requirements in CIS but it is too early to say how successful this will be. Daycare, I’m not sure about ? The resource implications are very onerous. Even if the information is available on PARIS, it still has to be pulled out, manipulated, returned in the appropriate format. The professional time in recording the detail of their activity needs to be taken into account. Also, the very specific detail required for community nursing time only relates to client contact and not to admin time, report writing, meetings etc yet this is an important issue in determining productivity and effectiveness.
8. AHP indicators – these staff are often integrated into community teams – their indicators should also have the approval of the operational management of these services.

Aine

**Aine Morrison**

**Service Manager Community Treatment & Support Services for Learning Disability**



**Belfast Health and  
Social Care Trust**

 Address: Fairview 1  
Mater Infirmorum Hospital  
47-51 Crumlin Road  
Belfast  
BT14 6AB  
 Telephone: [REDACTED]  
 Email: [aine.morrison@belfasttrust.hscni.net](mailto:aine.morrison@belfasttrust.hscni.net)

**From:** [REDACTED] On Behalf Of Veitch, John  
**Sent:** 23 January 2015 15:12  
**To:** Morrison, Aine; [REDACTED]  
**Cc:** Rafferty, Esther; Okane, Maurice  
**Subject:** FW: Day Care And Other Community Definition Documents (Community Indicators)

Aine / [REDACTED]

This relates to the ongoing Community Indicator debate and the real prospect of the Belfast Trust losing further resources as a result of a comparison exercise undertaken by the Health & Social Care Board.

For obvious reasons we need to be robust in our approach to this and I am therefore attaching recent documentation from the Board highlighting their revised proposals to be implemented from the middle of March 2015.

Yet again there is a short turn around on this but I do need you to urgently review this documentation for your services and let me have comments as quickly as possible as Noel Williams has informed me that we have to meet a Trust deadline of next Tuesday afternoon (27<sup>th</sup>).

In reviewing those most pertinent to your services please consider:-

- Are these indicators relevant and an indicator of performance?
- Are the definitions sufficiently clear and "tight" to ensure a consistent return from all Trusts? If not please highlight as best you can how this should be addressed
- Is the information requested accessible through PCIS, will it require manual counting or will collation present a significant resource problem?

Please also include any other relevant comments as this may be the only opportunity we are provided with to influence what is a critically important agenda. Among my own concerns is that numerous aspects of these returns continue to be addressed through professional lines which increasingly does not reflect the organisation and nature of our services.

Apologies again for yet another unreasonable timescale outside my control.

Many thanks

John

**From:** Durnien, Alison  
**Sent:** 21 January 2015 15:39  
**To:** Veitch, John; McNeany, Barney; Carney, Mel  
**Cc:** [REDACTED] Williams, Noel; Edwards, Mark  
**Subject:** Day Care And Other Community Definition Documents

Further to our meeting today attached are all the definition documents including the Social Work document and also the Day Care information requirements which we are required to report on from the middle of March. I will

contact [REDACTED] to discuss the Day Care information for Mental Health & Learning Disability. As discussed please send your comments and or concerns to Noel or myself and we will ensure that they are passed to HSCB.

Regards

Alison

**Alison Durnien**  
**Information Services Manager ( Production)**  
**1<sup>st</sup> Floor Admin Building**  
**Knockbracken Healthcare Park**  
**Saintfield Road**  
**Belfast BT8 8BH**  
**Tel [REDACTED]**

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**From:** [REDACTED] on behalf of SeriousAdverseIncident-SM

**Sent:** 13 May 2015 09:10

**To:** 'seriousincidents@hscni.net'

**Cc:** Mitchell, Mairead; [REDACTED]; [REDACTED]; [REDACTED]; McMullan, Colin

**Subject:** RE: Trust Ref: EA/BHSC/ [REDACTED] HSCB Ref: [REDACTED]

**Attachments:** Update Letter on EA\_BHSC/ [REDACTED] HSCB Ref [REDACTED].doc

**Importance:** High

**Sensitivity:** Confidential

**Sent on behalf of Colin McMullan, Senior Manager Corporate Governance**

Dear Colleagues,

Please find attached response regarding the queries in relation to Early Alert Notification EA/BHSC/ [REDACTED] HSCB Ref: [REDACTED].

If you have any queries or require further assistance please do not hesitate to contact Colin McMullan, Senior Manager Corporate Governance, by email: [Colin.McMullan@belfasttrust.hscni.net](mailto:Colin.McMullan@belfasttrust.hscni.net) or Telephone [REDACTED].

Regards,

[REDACTED]

**Risk & Governance Officer**

Belfast Health & Social Care Trust

6th Floor McKinney House

Musgrave Park Hospital

Stockmans Lane

Belfast BT9 7JB

Contact Number: [REDACTED]

Email Address: [REDACTED]

**From:** serious incidents [<mailto:seriousincidents@hscni.net>]

**Sent:** 11 May 2015 11:16

**To:** SeriousAdverseIncident-SM

**Subject:** Trust Ref: EA/BHSC/ [REDACTED] HSCB Ref: [REDACTED]

**Importance:** High

**Sensitivity:** Confidential

\*This email is covered by the disclaimer found at the end of the message.\*

Please see email below, in relation to the above incident. Can you please submit a SAI for the above Early Alert?

Regards

[REDACTED]

Governance Support Officer

Corporate Services Department

Health & Social Care Board

Tower Hill

Armagh



E: [REDACTED]  
T: [REDACTED]

**From:** serious incidents  
**Sent:** 24 April 2015 14:31  
**To:** SeriousAdverseIncident-SM ([SeriousAdverseIncident@belfasttrust.hscni.net](mailto:SeriousAdverseIncident@belfasttrust.hscni.net))  
**Cc:** [REDACTED]  
**Subject:** Trust Ref: EA/BHSC7/[REDACTED] HSCB Ref: [REDACTED]  
**Importance:** High  
**Sensitivity:** Confidential

Can you please confirm if the above Early Alert has been submitted as an SAI? If not, can you please submit a SAI as soon as possible as the Lead Officer has stated that this Early Alert meets the criteria for reporting a SAI?

Regards

[REDACTED]  
Governance Support Officer  
Corporate Services Department  
Health & Social Care Board  
Tower Hill  
Armagh

E: [REDACTED]  
T: [REDACTED]

**From:** serious incidents  
**Sent:** 06 March 2015 12:10  
**To:** EarlyAlertNotificationMedDir-SM ([EarlyAlertNotificationMedDir@belfasttrust.hscni.net](mailto:EarlyAlertNotificationMedDir@belfasttrust.hscni.net))  
**Cc:** [REDACTED]  
**Subject:** Trust Ref: EA/BHSC7/[REDACTED] HSCB Ref: [REDACTED]  
**Sensitivity:** Confidential

Please see email below, in relation to the above Early Alert, where the Lead Officer has requested that a SAI be submitted, to date we have not received a SAI. Can you please submit a SAI as soon as possible?

Regards

[REDACTED]  
Governance Support Officer  
Corporate Services Department  
Health & Social Care Board  
Tower Hill  
Armagh

E: [REDACTED]  
T: [REDACTED]

**From:** serious incidents  
**Sent:** 03 February 2015 11:54  
**To:** 'EarlyAlertNotificationMedDir-SM'  
**Subject:** Trust Ref: EA/BHSC/ [REDACTED] HSCB Ref: [REDACTED]  
**Sensitivity:** Confidential

The DRO would draw the Trust's attention to Section 4, Definition and Criteria, within the Procedure for the Reporting and Follow up of Serious Adverse Incidents (October 2013). This incident would appear to meet the criteria set out in 4.2.5 and 4.2.8.

Whilst it is acceptable to delay the SAI review on advice of police carrying out a criminal investigation, the DRO would draw attention to Section 7.3. of the procedure and the expectation that the SAI review will run as a parallel process. The Trust should also note the purpose of an SAI review – to identify learning and prevent where possible any future occurrence of similar incidents. The intention and the scope of the SAI is therefore different from the police criminal investigation and the Adult Safeguarding investigation.

The Trust should therefore formally notify this incident as an SAI and conduct a review of this case in respect to any improvements to care planning, staff supervision, training etc., or any other cultural or environmental features of the care setting that could be addressed to reduce the likelihood of any future occurrence.

Regards

[REDACTED]  
Governance Support Officer  
Corporate Services Department  
Health & Social Care Board  
Tower Hill  
Armagh

E: [REDACTED]  
T: [REDACTED]

**From:** [REDACTED] **On Behalf Of** EarlyAlertNotificationMedDir-SM  
**Sent:** 28 January 2015 11:21  
**To:** serious incidents  
**Cc:** Mitchell, Mairead; [REDACTED]  
**Subject:** RE: Early Alert Notification: EA/BHSC/ [REDACTED] HSCB Ref: [REDACTED]  
**Importance:** High  
**Sensitivity:** Confidential

**Sent on behalf of Claire Cairns, Co-Director Risk & Governance**

Dear Colleagues,

Please find attached response regarding the queries in relation to Early Alert Notification BHSC/EA [REDACTED] HSCB Ref: [REDACTED]

If you have any queries or require further assistance please do not hesitate to contact Claire Cairns, Co-Director Risk & Governance by email: [claire.cairns@belfasttrust.hscni.net](mailto:claire.cairns@belfasttrust.hscni.net) or Telephone [REDACTED] / mob: [REDACTED]

Regards,

[REDACTED]

**From:** serious incidents [mailto:[seriousincidents@hscni.net](mailto:seriousincidents@hscni.net)]

**Sent:** 16 January 2015 12:19

**To:** SeriousAdverseIncident-SM

**Subject:** Early Alert Notification: EA/BHSC/ [REDACTED] HSCB Ref: [REDACTED]

**Importance:** High

**Sensitivity:** Confidential

"This email is covered by the disclaimer found at the end of the message."

Please see email below sent 6 March 2014, in relation to the above incident.

This Early Alert remains open. No subsequent SAI has ever been received and the DRO feels that it should be an SAI.

Can you please let me know the current status of this Early Alert, as it remains open and if an SAI is to be submitted?

Many Thanks

[REDACTED]  
Governance Support Officer  
Corporate Services Department  
Health & Social Care Board  
Tower Hill  
Armagh

E: [REDACTED]  
T: [REDACTED]

**From:** serious incidents

**Sent:** 06 March 2014 15:07

**To:** SeriousAdverseIncident-SM (SeriousAdverseIncident@belfasttrust.hscni.net)

**Cc:** [REDACTED]

**Subject:** Early Alert Notification: EA/BHSC/ [REDACTED] HSCB Ref: [REDACTED]

**Sensitivity:** Confidential

The attached Early Alert, which was reported on 9 November 2012 remains open. No subsequent SAI has ever been received. I had contacted the DRO to see if the Early Alert could now be closed. The DRO has responded saying – *'given the serious nature of this incident and its public interest I am of the opinion that it should be an SAI'*

Can you please let me know the status of the above Early Alert as it hasn't been reported as an SAI?

Regards,

[REDACTED]  
Governance Support Officer  
Corporate Services Department  
Health & Social Care Board  
Tower Hill  
Armagh

E: [REDACTED]  
T: [REDACTED]

**From:** [REDACTED]  
**Sent:** 09 November 2012 16:40  
**To:** early alert; 'earlyalert@dhspsni.gov.uk'; cx office  
**Cc:** [brenda.creaney@belfasttrust.hscni.net](mailto:brenda.creaney@belfasttrust.hscni.net); Robinson, David; McNicholl, Catherine; Tony Stevens; Champion, June; Cairns, Claire; EarlyAlertNotificationMedDir  
**Subject:** Early Alert Notification  
**Importance:** High  
**Sensitivity:** Confidential

**Sent on behalf of Claire Cairns Corporate Governance Manager**

Dear Colleagues

Please find attached Early Alert Notification for the Belfast Health & Social Care Trust.

If you have any queries or require further assistance please do not hesitate to contact Claire Cairns, Corporate Governance Manager by email: [claire.cairns@belfasttrust.hscni.net](mailto:claire.cairns@belfasttrust.hscni.net) or Telephone [REDACTED] mob: [REDACTED]

Regards,  
[REDACTED]

**Risk & Governance**  
Belfast Health & Social Care Trust  
6th Floor McKinney House  
Musgrave Park Hospital  
Stockmans Lane  
Belfast BT9 7JB  
**Contact Number:** [REDACTED]  
**Email Address:** [earlyalertnotificationmeddir@belfasttrust.hscni.net](mailto:earlyalertnotificationmeddir@belfasttrust.hscni.net)

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## Belfast Health and Social Care Trust

12<sup>th</sup> May 2015

[REDACTED]  
Governance Support Officer  
Corporate Services Department  
Health & Social Care Board  
Tower Hill  
Armagh

Your Ref. EA/BHSCT [REDACTED]

Our Ref. [REDACTED]

Dear [REDACTED]

Further to your recent query in relation to the above Early Alert Notification the Trust would advise as follows:

- ***The DRO would draw the Trust's attention to Section 4, Definition and Criteria, within the Procedure for the Reporting and Follow up of Serious Adverse Incidents (October 2013). This incident would appear to meet the criteria set out in 4.2.5 and 4.2.8.***
- ***Whilst it is acceptable to delay the SAI review on advice of police carrying out a criminal investigation, the DRO would draw attention to Section 7.3. of the procedure and the expectation that the SAI review will run as a parallel process. The Trust should also note the purpose of an SAI review – to identify learning and prevent where possible any future occurrence of similar incidents. The intention and the scope of the SAI is therefore different from the police criminal investigation and the Adult Safeguarding investigation.***
- ***The Trust should therefore formally notify this incident as an SAI and conduct a review of this case in respect to any improvements to care planning, staff supervision, training etc.; or any other cultural or environmental features of the care setting that could be addressed to reduce the likelihood of any future occurrence.***

This incident occurred before the current procedures were in place and was considered under the previous SAI procedures published in 2010. It is the Trusts understanding that the parallel process was first provided for within the current SAI procedure. This incident was extensively reviewed by PSNI, RQIA and relevant trusts. As such the directorate believes that there would be insufficient reason to reopen the investigation for another

Risk & Governance Department  
6<sup>th</sup> Floor, McKinney House, Musgrave Park Hospital  
Stockmans Lane, Belfast, BT9 7JB

process, but is willing to share the outcome of the report with the DRO if required. Please also note that the ward in question closed last year.

If you require further information, please do not hesitate to contact me by telephone [REDACTED] or email: [Colin.McMullan@belfasttrust.hscni.net](mailto:Colin.McMullan@belfasttrust.hscni.net)

Yours sincerely

[REDACTED]

Colin McMullan  
Senior Manager Corporate Governance  
Medical Directors Office  
Belfast Health and Social Care Trust

Risk & Governance Department  
6<sup>th</sup> Floor, McKinney House, Musgrave Park Hospital  
Stockmans Lane, Belfast, BT9 7JB

**From:** serious incidents <seriousincidents@hscni.net>  
**Sent:** 23 July 2015 11:33  
**To:** SeriousAdverseIncident-SM  
**Subject:** Trust Ref: EA/BHSCIT/ HSCB Ref: [REDACTED]  
**Sensitivity:** Confidential

"This email is covered by the disclaimer found at the end of the message."

Thank you for your email below in response to Lead Officer queries received on 13 May 2015. The Lead Officer responds as follows:

The Procedure for the reporting and follow up of Serious Adverse Incidents April 2010 under which the Trust considered this incident states "All existing local or national reporting arrangements, where there are statutory or mandatory reporting obligations, will continue to operate in tandem with this procedure" (page 7 section 3.3). The procedure also states that among its aims are to review of the circumstances and service input to "ensure trends, best practice and learning is identified, disseminated and implemented in a timely manner, in order to prevent recurrence; and provide a mechanism to effectively share learning in a meaningful way across the HSC" (page 5 section 2.0).

There is therefore clearly an expectation that an incident that met the SAI criteria (which in the view of the Lead Officer this one does) would be reported, irrespective of parallel processes such as criminal investigation and adult safeguarding also being initiated. Whilst information and perspectives relevant to an SAI review may well be elicited from these, there aims and objectives differ significantly. Therefore the Lead Officer would once again request that the Trust formally report this incident as an SAI, and review it as such within the terms of reference of the SAI procedure.

Can you please submit a SAI Notification, as requested, to [seriousincidents@hscni.net](mailto:seriousincidents@hscni.net) mailbox as soon as possible?

Many Thanks

[REDACTED]  
Governance Support Officer  
Corporate Services Department  
Health & Social Care Board  
Tower Hill  
Armagh

E: [REDACTED]  
T: [REDACTED]

**From:** [REDACTED] **On Behalf Of** SeriousAdverseIncident-SM  
**Sent:** 13 May 2015 09:10  
**To:** serious incidents  
**Cc:** Mitchell, Mairead; [REDACTED] McMullan, Colin  
**Subject:** RE: Trust Ref: EA/BHSCIT/ [REDACTED] HSCB Ref: [REDACTED]  
**Importance:** High  
**Sensitivity:** Confidential

Sent on behalf of Colin McMullan, Senior Manager Corporate Governance

Dear Colleagues,

Please find attached response regarding the queries in relation to Early Alert Notification

HSCB Ref: [REDACTED]

If you have any queries or require further assistance please do not hesitate to contact Colin McMullan, Senior Manager Corporate Governance, by email: [Colin.McMullan@belfasttrust.hscni.net](mailto:Colin.McMullan@belfasttrust.hscni.net) or Telephone [REDACTED]

Regards,

[REDACTED]

**Risk & Governance Officer**  
Belfast Health & Social Care Trust  
6th Floor McKinney House  
Musgrave Park Hospital  
Stockmans Lane  
Belfast BT9 7JB  
Contact Number: [REDACTED]  
Email Address: [REDACTED]

**From:** serious incidents [<mailto:seriousincidents@hscni.net>]  
**Sent:** 11 May 2015 11:16  
**To:** SeriousAdverseIncident-SM  
**Subject:** Trust Ref: EY/BHSC [REDACTED] HSCB Ref: [REDACTED]  
**Importance:** High  
**Sensitivity:** Confidential

\*This email is covered by the disclaimer found at the end of the message.\*

Please see email below, in relation to the above incident. Can you please submit a SAI for the above Early Alert?

Regards

[REDACTED]

Governance Support Officer  
Corporate Services Department  
Health & Social Care Board  
Tower Hill  
Armagh

E: [REDACTED]  
T: [REDACTED]

**From:** serious incidents  
**Sent:** 24 April 2015 14:31  
**To:** SeriousAdverseIncident-SM ([SeriousAdverseIncident@belfasttrust.hscni.net](mailto:SeriousAdverseIncident@belfasttrust.hscni.net))  
**Cc:** [REDACTED] HSCB Ref: [REDACTED]  
**Subject:** Trust Ref: EY/BHSC [REDACTED]  
**Importance:** High  
**Sensitivity:** Confidential

Can you please confirm if the above Early Alert has been submitted as an SAI? If not, can you please submit a SAI as soon as possible as the Lead Officer has stated that this Early Alert meets the criteria for reporting a SAI?

Regards



[REDACTED]  
Governance Support Officer  
Corporate Services Department  
Health & Social Care Board  
Tower Hill  
Armagh

E: [REDACTED]  
T: [REDACTED]

**From:** serious incidents  
**Sent:** 06 March 2015 12:10  
**To:** 'EarlyAlertNotificationMedDir-SM' ([EarlyAlertNotificationMedDir@belfasttrust.hscni.net](mailto:EarlyAlertNotificationMedDir@belfasttrust.hscni.net))  
**Cc:** [REDACTED]  
**Subject:** Trust Ref: EA/BHSC/ [REDACTED] HSCB Ref: [REDACTED]  
**Sensitivity:** Confidential

Please see email below, in relation to the above Early Alert, where the Lead Officer has requested that a SAL be submitted, to date we have not received a SAL. Can you please submit a SAL as soon as possible?

Regards

[REDACTED]  
Governance Support Officer  
Corporate Services Department  
Health & Social Care Board  
Tower Hill  
Armagh

E: [REDACTED]  
T: [REDACTED]

**From:** serious incidents  
**Sent:** 03 February 2015 11:54  
**To:** 'EarlyAlertNotificationMedDir-SM'  
**Subject:** Trust Ref: EA/BHSC/ [REDACTED] HSCB Ref: [REDACTED]  
**Sensitivity:** Confidential

The DRO would draw the Trust's attention to Section 4, Definition and Criteria, within the Procedure for the Reporting and Follow up of Serious Adverse Incidents (October 2013). This incident would appear to meet the criteria set out in 4.2.5 and 4.2.8.

Whilst it is acceptable to delay the SAL review on advice of police carrying out a criminal investigation, the DRO would draw attention to Section 7.3. of the procedure and the expectation that the SAL review will run as a parallel process. The Trust should also note the purpose of an SAL review – to identify learning and prevent where possible any future occurrence of similar incidents. The intention and the scope of the SAL is therefore different from the police criminal investigation and the Adult Safeguarding investigation.

The Trust should therefore formally notify this incident as an SAL and conduct a review of this case in respect to any improvements to care planning, staff supervision, training etc.; or any other cultural or environmental features of the care setting that could be addressed to reduce the likelihood of any future occurrence.

Regards

Governance Support Officer  
Corporate Services Department  
Health & Social Care Board  
Tower Hill  
Armagh

E: [REDACTED]  
T: [REDACTED]

---

**From:** [REDACTED] **On Behalf Of** EarlyAlertNotificationMedDir-SM  
**Sent:** 28 January 2015 11:21  
**To:** serious incidents [REDACTED]  
**Cc:** Mitchell, Mairead; [REDACTED]  
**Subject:** RE: Early Alert Notification: EA/BHSC [REDACTED] HSCB Ref: [REDACTED]  
**Importance:** High  
**Sensitivity:** Confidential

**Sent on behalf of** Claire Cairns, Co-Director Risk & Governance

Dear Colleagues,

Please find attached response regarding the queries in relation to Early Alert Notification BHSC/EA [REDACTED] HSCB Ref: [REDACTED]

If you have any queries or require further assistance please do not hesitate to contact Claire Cairns, Co-Director Risk & Governance by email: [claire.cairns@belfasttrust.hscni.net](mailto:claire.cairns@belfasttrust.hscni.net) or Telephone [REDACTED] / mob: [REDACTED]

Regards,

[REDACTED]

---

**From:** serious incidents [mailto:seriousincidents@hscni.net]  
**Sent:** 16 January 2015 12:19  
**To:** SeriousAdverseIncident-SM  
**Subject:** Early Alert Notification: EA/BHSC [REDACTED] HSCB Ref: [REDACTED]  
**Importance:** High  
**Sensitivity:** Confidential

\*This email is covered by the disclaimer found at the end of the message.\*

---

Please see email below sent 6 March 2014, in relation to the above incident.

This Early Alert remains open. No subsequent SAI has ever been received and the DRO feels that it should be an SAI.

Can you please let me know the current status of this Early Alert, as it remains open and if an SAI is to be submitted?

Many Thanks

[REDACTED]

██████████  
Governance Support Officer  
Corporate Services Department  
Health & Social Care Board  
Tower Hill  
Armagh

E: ██████████  
T: ██████████

**From:** serious incidents  
**Sent:** 06 March 2014 15:07  
**To:** SeriousAdverseIncident-SM (SeriousAdverseIncident@belfasttrust.hscni.net)  
**Cc:** ██████████  
**Subject:** Early Alert Notification: EA/BHSC/██████████ HSCB Ref: ██████████  
**Sensitivity:** Confidential

The attached Early Alert, which was reported on 9 November 2012 remains open. No subsequent SAI has ever been received. I had contacted the DRO to see if the Early Alert could now be closed. The DRO has responded saying – *'given the serious nature of this incident and its public interest I am of the opinion that it should be an SAI.'*

Can you please let me know the status of the above Early Alert as it hasn't been reported as an SAI?

Regards,

██████████  
Governance Support Officer  
Corporate Services Department  
Health & Social Care Board  
Tower Hill  
Armagh

E: ██████████  
T: ██████████

**From:** ██████████  
**Sent:** 09 November 2012 16:40  
**To:** early alert; 'earlyalert@dhsspsni.gov.uk'; cx office  
**Cc:** [brenda.creaney@belfasttrust.hscni.net](mailto:brenda.creaney@belfasttrust.hscni.net); Robinson, David; McNicholl, Catherine; Tony Stevens; Champion, June; Cairns, Claire; EarlyAlertNotificationMedDir  
**Subject:** Early Alert Notification  
**Importance:** High  
**Sensitivity:** Confidential

**Sent on behalf of Claire Cairns Corporate Governance Manager**

Dear Colleagues

Please find attached Early Alert Notification for the Belfast Health & Social Care Trust.

If you have any queries or require further assistance please do not hesitate to contact Claire Cairns, Corporate Governance Manager by email: [claire.cairns@belfasttrust.hscni.net](mailto:claire.cairns@belfasttrust.hscni.net) or Telephone ██████████ mob: ██████████

Regards,

██████████

**Risk & Governance**  
**Belfast Health & Social Care Trust**  
**6th Floor McKinney House**  
**Musgrave Park Hospital**  
**Stockmans Lane**  
**Belfast BT9 7JB**  
**Contact Number: [REDACTED]**  
**Email Address: [earlyalertnotificationmeddir@belfasttrust.hscni.net](mailto:earlyalertnotificationmeddir@belfasttrust.hscni.net)**

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[REDACTED]

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**From:** Mcneany, Barney </o=belfast trust/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=barry.mcneany>  
**Sent:** 28 August 2015 15:04  
**To:** [REDACTED] Veitch, John; [REDACTED]  
**Cc:** McNicholl, Catherine; [REDACTED] McBrien, Ann; Mcquillan, Bernie  
**Subject:** LD Day Services Paper  
**Attachments:** image001.jpg; image002.png; ld\_consultation\_paper\_finaldraft\_280815.docx  
**Categories:** Yellow Category

[REDACTED]

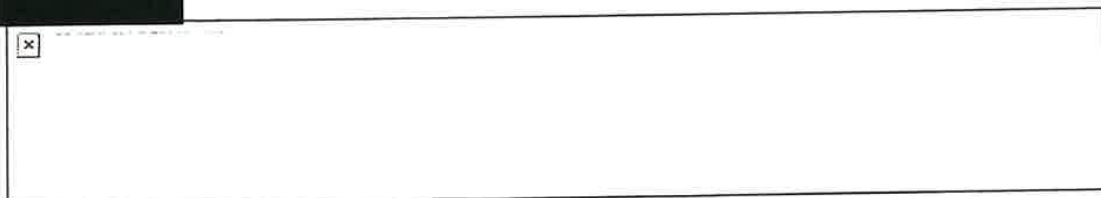
Following our very useful meeting earlier this afternoon, I attach a further revised version which takes into account our discussed changes and additions. I would appreciate it if you would let me know formally that our proposal now has HSC Board approval.

As discussed I am not here next Tuesday and John is on Annual Leave and as we would like to get the paper out to Trust Board early on Tuesday morning would you email Catherine directly, copy [REDACTED] whose email addresses are also on this email.

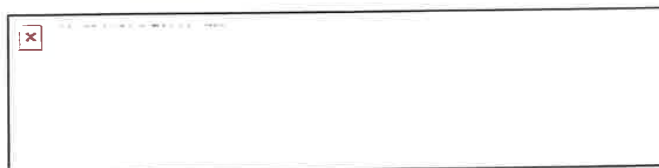
Thank you again for making the time today to make the necessary final changes, its much appreciated.

Many thanks,

[REDACTED]  
Barney Mc Neany  
Co-Director Mental Health  
Admin Building  
Fairview 1 Mater Site  
Crumlin Road  
BELFAST BT14 6AB



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## **A Consultation on the Delivery of Learning Disability Day Services for People Living in Belfast.**



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# **Re-shaping the Delivery of Day Services for People with a Learning Disability Provided by Belfast Health and Social Care Trust**

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## About this consultation

We are consulting on proposals to change the way Learning Disability Day Services are delivered by Belfast Trust. This consultation is the commencement of a 3 – 5 year process to implement the agreed **Regional Day Opportunities Model**.

The consultation will begin on Thursday 3 September 2015 and will end on Thursday 26 November 2015. In order to facilitate the consultation process Belfast Trust will organise and publicise a range of consultation events for interested parties. The views expressed during the consultation will be presented to Belfast Health and Social Care Trust Board on 14 January 2016 and be made available to consultation respondents.

### 1. Context

- 1.1 In June 2007, **The Social Care Institute for Excellence** published a guide entitled "Community-based day activities and supports for people with learning disabilities: How we can help people to "have a good day"? This paper states that a person with a Learning Disability should be:
  - Undertaking activities that have a purpose.
  - In ordinary places, doing things that most members of the community would be doing.
  - Doing things that are right for them personally.
  - Receiving support that meets their individual and specific requirements and overcomes inequalities.
  - Meeting local people, developing friendships, connections and a sense of belonging.
- 1.2 In August 2011, **The Patient and Client Council** published a document entitled 'My Day, My Way' which was the culmination of an exercise reflecting the views of people with Learning Disability about the changes in day services in Northern Ireland. The Barnford Monitoring Group talked to a total of 1190 people with a Learning Disability, parents, carers and family members as part of this process. Within the document parents/carers said they feel there is a lack of opportunities for people with a Learning Disability, especially in relation to work placements and little flexibility in arrangements. The overwhelming conclusion from this work was that **Day Opportunities** and alternatives to traditional day care provision are increasingly important to people with a Learning Disability.
- 1.3 In August 2012, the **Health and Social Care Board (HSCB)** in partnership with the **Public Health Agency (PHA)** instigated a review of Learning Disability day services across Northern Ireland. This review, lead to a full public consultation, which involved events in all Health Trust areas, including



Belfast<sup>1</sup>. These events were very well attended by service users, carers, staff and other agencies<sup>2</sup>.

- 1.4 Following an extended full public consultation process, the HSCB and PHA published a **Regional Learning Disability Day Opportunities Model** in April 2014. This agreed model described how people with a Learning Disability can expect to lead full and meaningful lives in their neighbourhoods, have access to a wide range of social, work and leisure opportunities and form and maintain friendships and relationships. Belfast Trust now wants to consult on how we will reconfigure **Day Centre Services** to maximise Day Opportunity Services and Activities for Service Users with a Learning Disability to fulfil the strategic requirements of the **Regional Day Opportunities Model**.

## 2. Why we're consulting

- 2.1 The **Regional Model for Day Opportunities** produced in 2014 by the HSCB and PHA, described two aspects to future service provision:
  - 1) Day services for people with **complex care needs**, which will be largely based in **Day Centres**, and
  - 2) **Day Opportunities** (which are for everyone), will be a package of community-based day time activities in areas such as further education, training, supported employment and social activities.
- 2.2 **Day Opportunities** will support individuals with a Learning Disability to access support that promotes their **social inclusion as citizens** and empowers them with choice about how they spend their day time hours.
- 2.3 In order to achieve the **Regional Day Opportunities Model** the Trust will be required to re-shape and re-model of our current **Day Centres** to support individuals with more complex needs in the future and to ensure the most effective use of resources.

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<sup>1</sup> The HSCB and the PHA facilitated two events in Belfast at NICVA on Monday 4<sup>th</sup> November 2013.

<sup>2</sup> Belfast Trust Learning Disability services formally responded to the consultation as did many carers and other stakeholders either at the consultation events, by completing the consultation booklet or by a separate written response.

### 3. Proposals

- 3.1. In this document you will find our proposal for how Learning Disability **Day Centre** services will be reshaped to maximise **Day Opportunities** for Learning Disability Service Users in the future. This proposal is described in 'Proposal for future delivery' at paragraph 13.1.
- 3.2 We want to hear your comments on this proposal, and would like to know if you have any other suggestions on how services should be reshaped to deliver the **Regional Day Opportunities Model**. We also want to give you the opportunity to tell us how the re-shaping of Learning Disability **Day Centres** will impact in terms of equality of opportunity, good relations, disability and human rights. Please refer specifically to the separate EQIA document at Appendix 2.
- 3.3 We want to hear the views of people with a Learning Disability, their carers and anyone with an interest in Learning Disability Services in Belfast.
- 3.4 This proposal takes account of:
- The outcomes of a comprehensive profile of existing service provision and current service users' needs.
  - Capacity within the existing service provision.
  - An analysis of key demographic trends in particular regarding young people transitioning to adult services post 19 years.
  - Existing **Day Opportunities** which meet the assessed needs, views and aspirations of service users and their carers, particularly of those who could most benefit from alternatives to services provided in traditional buildings based **Day Centres**.
  - Local community based **Day Opportunities** already in existence, to meet current and future assessed needs together with the views of providers of **Day Opportunity** services e.g. the NOW Project.

## Why things are changing

### 4. Our Vision

- 4.1 Our vision for **Day Opportunities**<sup>3</sup> is consistent with the **Regional Day Opportunities Model, Equal Lives**<sup>4</sup> and the **Bamford Review**<sup>5</sup>, with the core values of social inclusion, citizenship, empowerment, working together and individual support. It is also consistent with the **Health & Social Care Commissioning Plan Direction (NI) 2015**<sup>6</sup> and the **HSCB Commissioning Plan 2014/2015**<sup>7</sup>
- 4.2 Our vision is about delivering support to Learning Disability Service Users with less complex needs through a range of **Day Opportunities** as opposed to traditional **Day Centre** care delivered solely by health and social care. Instead the focus is on service users and staff working together to develop and implement individual person centred plans and utilising activities and resources available through a range of agencies.
- 4.3 Person centred plans will be developed to include services appropriate to the transition points in life, as an essential part of:
- The young person to adult stage of life<sup>8</sup>,
  - The adult at the retirement stage<sup>9</sup> of life, and
  - Those whose needs change and become more complex such that they require 24 hour care and support.
- 4.4 The **Regional Day Opportunities Model** also places a requirement on all Government Departments<sup>10</sup> to ensure that **Day Opportunities** for people with a Learning Disability is clearly seen as a shared responsibility and is not solely a matter for the Health Service. To achieve our vision for **Day Opportunities** we must have a multi-agency approach and implementation must be a key priority for other agencies, including education and further education, employment, transport and local Councils. We will continue to engage with of these agencies and departments to ensure our services users are able to avail of future **Day Opportunities** in Belfast.

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<sup>3</sup> As outlined in Excellence and Choice – A Consultation on the future provision of Learning Disability Services Belfast, November 2009 and the HSCB / PHA Regional Model for Day Opportunities 2014.

<sup>4</sup> Equal Lives: Review of Policy and Services for People with a Learning Disability in Northern Ireland - September 2005

<sup>5</sup> The Bamford Review of Mental Health and Learning Disability, an independent review of legislation, policy and service provision, concluded in August 2007.

<sup>6</sup> See Appendix 1

<sup>7</sup> Draft at 26 January 2015, see Appendix 1

<sup>8</sup> Between June 2015 and 2016, 22 young people will potentially require complex needs support.

<sup>9</sup> Currently 55 service users are aged 65 years and above.

<sup>10</sup> Page 7 – Regional Day Opportunities Model

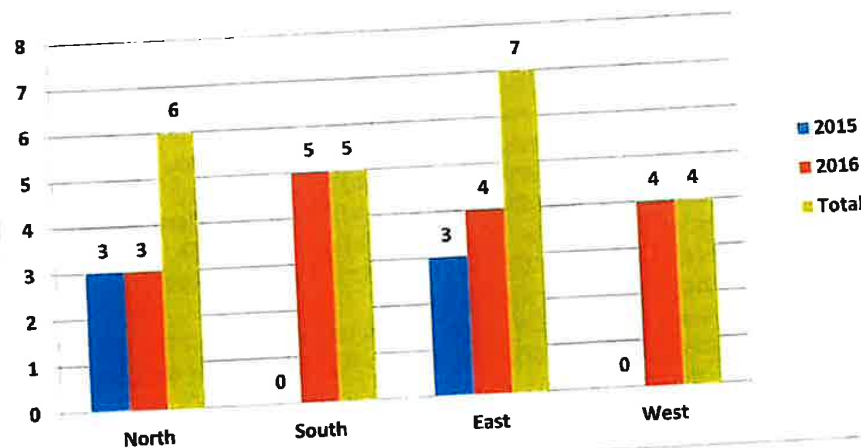
- 4.5 We will also work closely with partners in the community and voluntary sector to develop choice and opportunities that are focused on the benefits to the individual, their family and their local community.
- 4.6 We know from our review of current Learning Disability Service Users in Belfast that:
- (a) *A proportion of Learning Disability Service Users with complex needs will continue to exclusively require **Day Centre** based care.*
  - (b) *A further proportion of our Learning Disability Service Users will continue to require **Day Centre** service on some days of the week and, in addition, be able to avail of some **Day Opportunities** in suitably well-supported provision.*
  - (c) *A further proportion of our Learning Disability Service Users will be able to exclusively avail of **Day Opportunities**, with appropriate support and who will no longer require any **Day Centre** services.*
- 4.7 We envisage that in the longer term, across Belfast there will be **Day Centre** services in each locality North, South, East and West of the city, together with a developing range of **Day Opportunities** provided by satellite services. We will consult further, as required, on the reconfiguration of **Day Centre** services across the city as **Day Opportunities** increase and individual's assessed needs change.
- 4.8 The regional review of **Day Opportunities** identified as a first step to implementation of the regional model that 'each locality needs to establish its current service profile'. In doing so we know that within Belfast Trust:
- Up to 700 service users have places on our Trust day care registers;
  - 75% of **Day Centre** places are filled on a full-time basis, and 25% of places are filled on a part-time or 'off-site' placements.
  - 95% of those using **Day Centres** live within the **Day Centres'** geographic catchment or the previous Trust Boundary prior to 2007.
  - 50% of those using **Day Centres** are from North & West Wards and 50% from are from South & East wards
  - 78% of those attending **Day Centres** travel on statutory transport or in our staff vehicles, 10% on public transport and 11% in their own vehicle or by a private provider.
  - The gender profile of those attending is 51% Male and 49% Female
  - The age profile of those attending is 9% 18-24 yrs, 45% 25-44 Yrs, 38% 45 - 64 Yrs & 8% 65+ yrs.

- 4.9 To implement our vision and the **Regional Day Opportunities Model** we know that **Day Centres** in the future will be for those people with more complex care needs. Currently individual Service Users attending **Day Centres** have support needs within the eight broad categories below. Within each category the complexity of need of the individual can of course vary, as can those individuals whose complex needs result from needing support in more than one of these areas.

Category / % of those attending	Category / % of those attending
Challenging Behaviours - 43%	Mental Health Issues - 34 %
Communication Needs - 83%	Sensory Issues - 33%
Eating & Drinking Support - 68%	Substance Misuse - 1%
Complex Health Needs - 39%	Profound Multiple Disorders - 18%

- 4.10 Current demographic trends demonstrate that in 2015/16 and in 2016/17 there will be 44 young people transitioning to adult **Day Centres** at 19 years. Diagram 1 below shows the numbers planned to transition to complex care across all four areas of the city. In the next two years the highest numbers are in East (7) and the lowest in West (4).

Diagram 1  
Number of Young People (19 years) in Planned Transition to Complex Day Care



## 5. What People Have Told Us?

- 5.1 Comments from our service users, (who already have access to a wide range of **Day Opportunities** provided through the community and voluntary sector), highlight the significant benefits they have found in their placements:

'I get out more, can travel by myself and have friends outside the centre and don't get bored; we get making our own decisions about what we do during the week'.  
(Female, late 40s)

'I can get to places on my own and I know if I need someone I can still get help. I feel like an adult.' (Female, early 40s)

'Left school and went to day centre but I wanted to do more so now I am in work placement and am doing some courses, when I finish I want to get a job.' (Male, early 20s)

## 6. Personalisation

- 6.1 Learning Disability service provision, both now and in the future is based on individual assessed need, person centred care planning and the involvement and participation of users and carers. Through Direct Payments and the introduction of Self Directed Support service users and their carers will have further options regarding how **Day Opportunities** are provided to individuals in the future.



## 7. Day Centre Services

- 7.1 The number and location of our **Day Centres** was inherited by the Trust in 2007. In order to implement the **Regional Day Opportunities Model** we plan to work in partnership with service users and their families to re-shape the current configuration of **Day Centres** buildings across Belfast. This will involve providing **Day Centre** services for those with complex needs. Building on existing success we will develop further a range of **Day Opportunities**, provided through 'satellite' services which may be statutory based or provided in partnership with the community and voluntary sector and other agencies. Through this **Day Centre** and 'satellite' approach service users, their carers and families will continue to be supported by the full range of Learning Disability services, appropriate to their assessed needs.
- 7.2 Only by continuing to engage with other agencies, including Education, Employment and Learning, Regional Development and Culture, Arts and Leisure can we ensure that an inclusive range of **Day Opportunities** are provided. Further Education Colleges, Leisure Centres and Libraries are already examples of buildings which are shared by the whole community, including adults with a Learning Disability. We will seek, where possible, to maximise the availability of these facilities for our Service Users.

## 8 Developing Strong Partnerships with the Community & Voluntary Sector

- 8.1 Over the past 10 years we have worked with partners in the community and voluntary sector to develop an increasing range of **Day Opportunities** outside of **Day Centres** and in particular, The Now Project, The Orchardville Society, Mencap, Upper Springfield Development Company Ltd and ARC<sup>11</sup>. The training and support for employment provided by this sector has become a priority for many service users and created opportunities which have had positive personal outcomes for both service users and their carers. Our partners in the community and voluntary sectors are telling us that many of our service users (as set out in 4.6 (b) above) who attend their **Day Opportunities** provision for part of the week as an outreach service from our **Day Centres** would be able to avail of **Day Opportunities** five days a week.
- 8.2 The community and voluntary sector already provide various activities for adults with learning disabilities, including providing work placements with organisations such as Belfast City Council, Royal Mail and many catering outlets. They also provide work placements with animal shelters and charities such as MacMillan Care. This sector provides various social activities and clubs at local leisure centres and other community facilities, for example:
- The Now Project which operates mostly in North and West Belfast has the franchise for the Bobbin Café in Belfast City Hall which provides training opportunities and employment opportunities for our service users.
  - The Orchardville Society which mainly operates in South and East Belfast has Café East on the Newtownards Road which also provides training opportunities and employment opportunities for service users.

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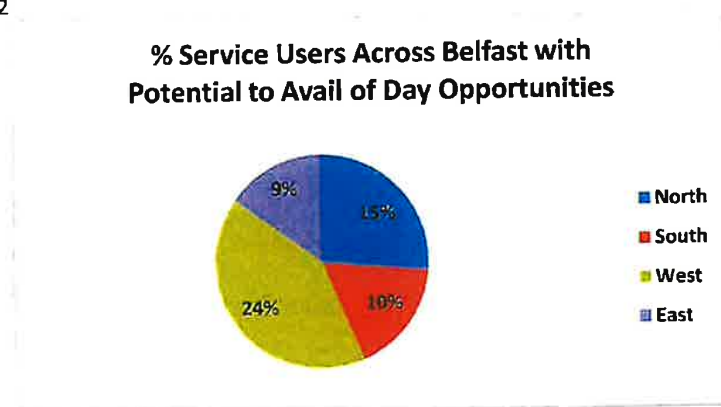
<sup>11</sup> The Association for Real Change

- Pre -employment training courses are also provided for our service users to help prepare them for placements and any employment opportunities and this would include independent travel training as part of the course.
  - The Upper Springfield Development Co. Ltd providing arts, skills and social clubs in West Belfast.
- 8.3 In addition to these providers **Day Centres** have also developed a wide and established network of partnerships with a range of charities and organisations including, local libraries, Disability Sports NI, Riding for the Disabled, Artscape and Streetwise.
- 8.4 As we implement our vision of the **Regional Day Opportunities Model**, we want to ensure that more and more of these opportunities are offered to service users.

## 9 Our review of on-going needs

- 9.1 The needs of our Learning Disability Service Users are reviewed regularly by Community Learning Disability Nurses, Social Workers and Allied Health professionals. Those who attend our **Day Centres** also receive a regular review of their needs by the specialist staff who work there.
- 9.2 The Trust has, in advance of this consultation, undertaken an overview of the placements we currently provide in our **Day Centres**. As part of this process we have also considered the potential for Learning Disability Service Users who attend **Day Centres** of their potential to avail of greater **Day Opportunities**. In doing so we have identified a proportion of Service Users who could progress from current **Day Centre** care to a much more personalised **Day Opportunities** approach. This review identified approximately 100 Service Users across Belfast who currently attend **Day Centres** (out of a total of approximately 700) who, with appropriate support, could progress to a personalised **Day Opportunities** programme.
- 9.3 In Diagram 2 below we show where Service Users, who we have assessed could progress to **Day Opportunities**, are distributed across each locality in the city.

Diagram 2





## How we currently provide Learning Disability day services

### 10. Day Centres

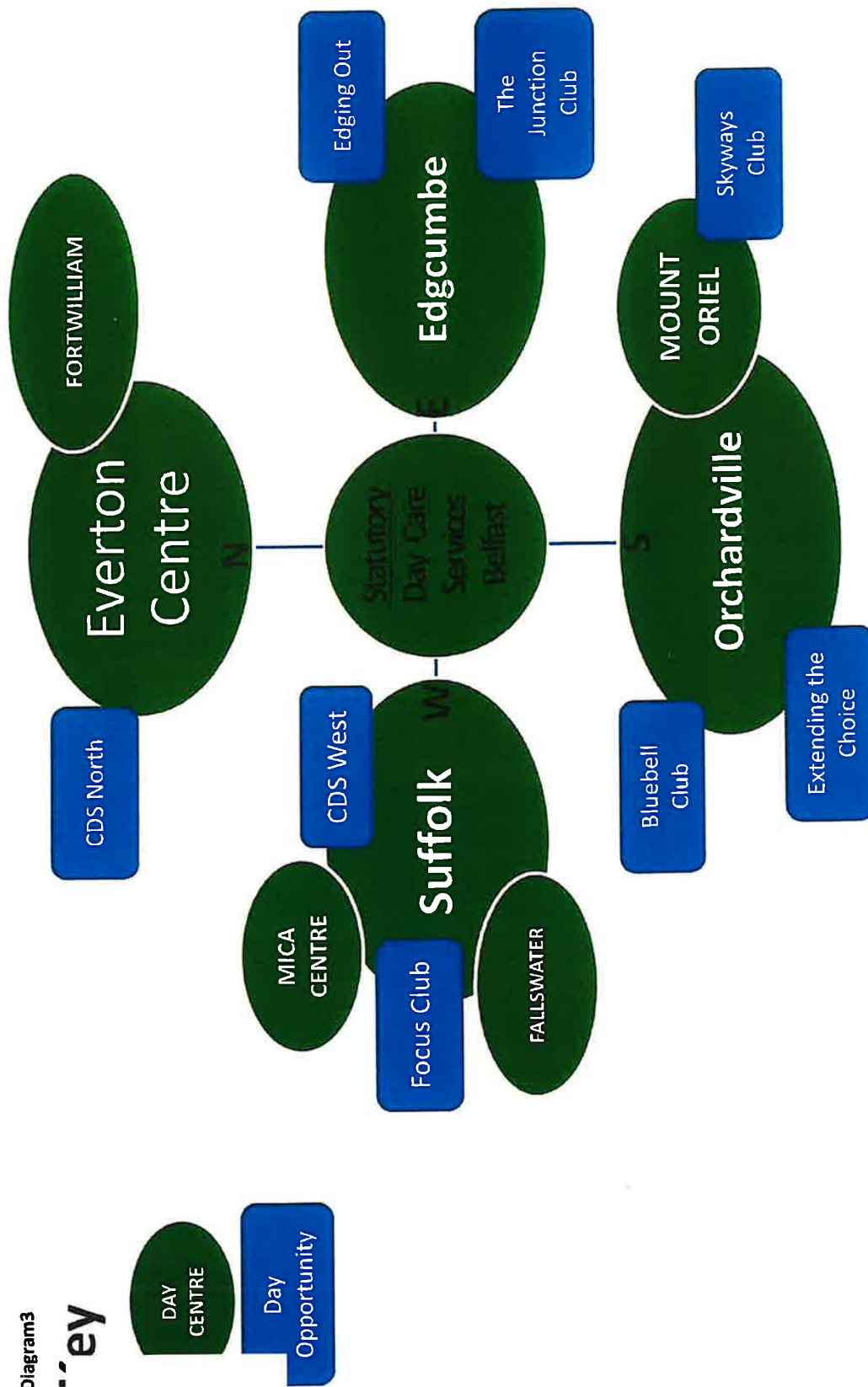
- 10.1 Belfast Trust currently provides Learning Disability **Day Centres** from four large centres, one in each geographic sector of the city and four smaller centres listed below. These are mapped in Diagram 3 below coloured in Green:
- Everton Centre (North Belfast)
  - Orchardville Centre (South Belfast)
  - Edgumbe Centre (East Belfast)
  - Suffolk Centre (West Belfast)
  - Mica Drive Centre (West Belfast)
  - Fallswater Centre (West Belfast)
  - Fortwilliam Centre (North Belfast)
  - Mount Oriel Centre (South Belfast)
- 10.2 These **Day Centres** offer a range of services, including needs assessment, risk assessment, mobility support, medication administration, personal care support, behaviour management and specialist feeding support.
- 10.3 We want to ensure that in the future Service Users with a Learning Disability, with complex needs continue to receive the most appropriate support, through **Day Centre** and community based services. The configuration of services post consultation will safeguard this.

### 11. Day Centre Clubs - Improving Access to Day Opportunities

- 11.1 Over the past 10 years, **Day Opportunities** have also been developed by our services and supported by our staff outside of **Day Centres**. Currently 180 people or 25% of service users with a Learning Disability are already engaged in **Day Opportunities** activities. Because we believe **Day Opportunities** should be available to every Learning Disability Service User a further 50 individuals with particularly complex needs also have one of their day care sessions, outside a centre, on a weekly basis (as described above at 4.6 (b)). Belfast Trust currently also provides Learning Disability **Day Opportunities** from two community day services schemes and five clubs, (these are also shown on diagram 3, coloured in blue):
- Two Community Day Services Schemes (CDS) one in North and one in West Belfast.
  - Focus Club, based in Suffolk **Day Centre**
  - Edging Out and the Junction Clubs based in Edgumbe **Day Centre**
  - Extending the Choice (ETC) and Bluebell Clubs based in Orchardville **Day Centre**
  - Skyways Club, Based in Mount Oriel **Day Centre**
- 11.2 All Clubs are run and managed by service users, for service users, with support from Trust staff and are within local communities and engage with local community groups.

Diagram3

..ey



## **12. Day Opportunities provided by The Community and Voluntary Sector**

- 12.1 The Trust also commissions day opportunity services from the community and voluntary sector providers, mainly, The Orchardville Society, Now Project, Upper Springfield Development Co. Ltd, Mencap and ARC. These providers deliver a range of individualised programs in further education, supported training and employment, social enterprise and volunteering and leisure and recreational opportunities.
- 12.2 Already within Belfast significant numbers of people with a Learning Disability are undertaking a wide range of activities that are not provided within a **Day Centre** building.

## Proposal for future delivery

13.1 The Trust has considered how best to commence the process of implementing the **Regional Day Opportunities Model** across Belfast. We have indicated in Section 4.7 above that in future:

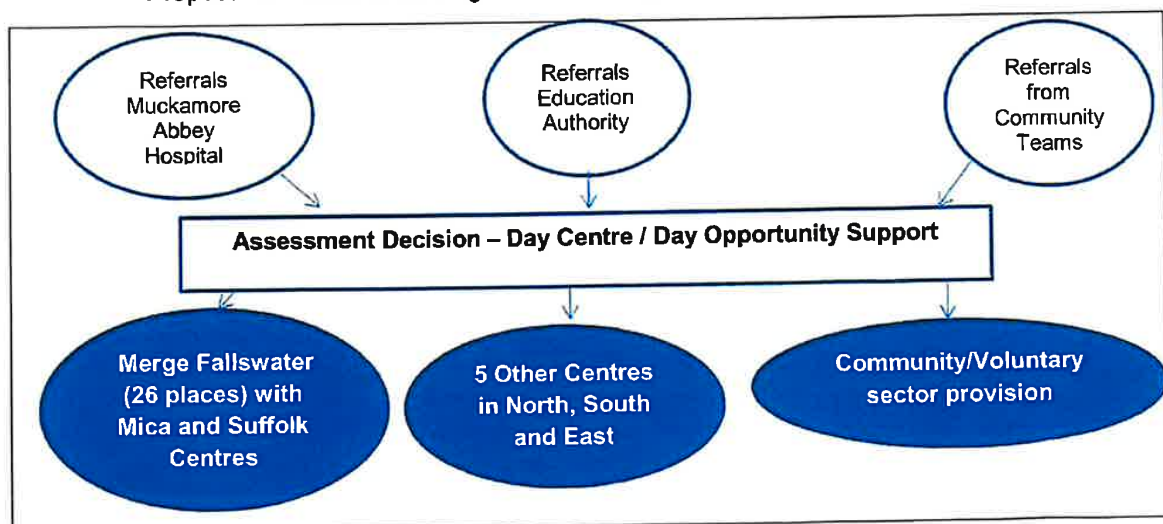
.... across Belfast there will be **Day Centre** services in each locality North, South, East and West of the city, together with a developing range of **Day Opportunities** provided by satellite services.

13.2 As a public service we are required to ensure (both for our own service provision and for those we purchase from the community and voluntary sector), that we secure the best service for the resources that are made available to us. As a result of this we know that it will not be viable to continue to deliver **Day Centre** services from all of our current buildings based locations in the future.

13.3 We have also considered the assessment of need arising out of our pre-consultation review of current **Day Centre** placements and our existing mix of statutory and community/voluntary sector provision of **Day Opportunities** across the city.

13.4 The area of Belfast where there the **greatest number** of Learning Disability Service Users, who we assess can progress from **Day Centres** to avail of **Day Opportunities**, is in **West Belfast**. We are also mindful of the demands for the service in the future and the demographic information shows that the demand for **Day Centre** placements in the next two years is **lowest in West Belfast**.

13.5 Our proposal is therefore to **Merge Day Centres in West Belfast**. **Day Centre** services are currently provided from the Suffolk, Mica and Fallswater Centres in West Belfast. We propose Fallswater **Day Centre**, given it is the smallest of the three in West Belfast, would merge with the Suffolk and Mica Centres. This Proposal will result in moving from three **Day Centres** to two in West Belfast.



- 14.1 A merging of the West Belfast **Day Centre** service would re-shape the current provision. Within West Belfast, the potential for enhancing local alternative **Day Opportunities** is consistent with the **Regional Day Opportunities Model** and our overview of on-going needs confirms that the greatest potential to initiate **Day Opportunities** for service users exists in West Belfast. As identified 24% of service users who have been assessed as being able to avail of enhanced local **Day Opportunities** currently receive services in West Belfast. Consultation with existing voluntary sector day opportunity providers confirms the Trust's assessment as noted above.
- 14.2 Mica **Day Centre** staff have been working with service users interested in moving from a **Day Centre** model to community **Day Opportunities**. The established **Day Opportunities** partnership with Whiterock Leisure Centre (**satellite**) in West Belfast can be enhanced immediately by ten full-time places. This enhanced number of **Day Opportunities** created at Whiterock Leisure Centre in would increase the choices available for service users, informed by their assessed needs and service user choice.
- 14.3 A Focus Club (**satellite**) run by Suffolk **Day Centre** can be enhanced immediately to create an additional four full-time **Day Opportunities** places, with potential, further additional places in the forthcoming months.
- 14.4 Given the range of statutory **Day Opportunities** and those provided by the Community & Voluntary Partners, Learning Disability Service Users will have the full range of **Day Opportunities** choices available.
- 14.5 This proposal focuses limited resources on services, **Day Opportunities** developments and not buildings.
- 14.6 This proposal would provide greater flexibility regarding service provision for service users who will continue to require a **Day Centre** placement in either Suffolk or Mica. Other localities in Belfast offer service users a choice of moving to one of two **Day Centres** within the locality and this proposal provides greater equity of provision across the city. Additionally the proximity of Orchardville **Day Centre** on the boundary of south and west Belfast could provide potential additional **Day Centre places** if required.
- 14.7 The main **Day Centre** in West Belfast (Suffolk) is projected to provide significant additional placements for school leavers with complex needs over the next number of years and these can be facilitated by the services within greater West Belfast area.
- 14.8 We are confident that sufficient **Day Opportunities** currently exist, or will be in place in time to allow individual service users in West Belfast to be adequately provided for with a range of **Day Opportunities** or (if required) **Day Centre** places.

## 14 Factors against this proposal

- 14.1 Some people who previously attended the Fallswater **Day Centre** and who will continue to need Day Centre services as set out in Section 4.6 (a) & (b) may have a slightly longer journey to attend the Mica or Suffolk **Day Centres** (if this remains their choice).
- 14.2 The Trust will work to ensure that the needs of individuals continue to be met by the service most appropriate to their needs and we commit to continuing the process of person centred planning based on individual needs assessment, both with service users and their families and carers.
- 14.3 The Trust will ensure that the full range of services available remain, i.e. **Day Centre** provision, clubs for social activities and leisure hobbies and work with those in education and supported training and employment in order to safeguard the needs of all service users.

## 15 Conclusion

- 15.1 Given the factors identified in the pre-consultation, the strategic background to the provision of **Day Opportunities** and the requirement on the Trust to commence implementation of the **Regional Day Opportunities Model** the Trust considers its proposal to merge Fallswater **Day Centre** into Mica and Suffolk **Day Centres** gives the best opportunity to begin the roll out of its Vision for **Day Opportunities**.
- 15.2 The Trust values and recognises that it is through our staff that the organisation delivers high quality care. The Trust is fully committed to supporting staff through periods of change. The proposal outlined in this paper will impact on the staff currently providing **Day Centre** services within Belfast. The Trust is committed to engaging and consulting fully with these staff utilising the Trust's agreed Framework on the Management of Staff affected by Organisational Change and the Staff Redeployment Protocol. The Trust will ensure that staff are fully supported throughout the process of change and will put in place a range of support mechanisms including, as appropriate, individual staff support, induction, training and re-skilling.
- 15.3 We understand that any proposals for change can create uncertainty and apprehension and so we want to provide reassurance that the Trust's approach to service change will be underpinned by the following principles;
- ✓ individual engagement with service users and carers,
  - ✓ no change to the process of service needs assessment, which will continue to be person centred,
  - ✓ a full range of services will continue to be available within the Belfast Trust area,

- ✓ any change for a service user will be subject to an agreed trial period and reviewed with service users and their carers, including, as appropriate to assessed need, the transport to support any change.
- ✓ full account will be taken of the demographic trends and projections of those needing complex care and support.

## Consultation Questions

The **Regional Learning Disability Day Opportunities Model** published in April 2014 came about following widespread consultation.

Belfast Trust has proposed to merge **Day Centres** in West Belfast as its preferred proposal to re-shape the delivery of **Day Centre** services in order to implement the **Regional Learning Disability Day Opportunities Model** for people with a learning disability.

- 1(a) Do you consider Belfast Trust's proposals will help commence the implementation of the **Regional Learning Disability Day Opportunities Model**

- (b) Do you support the preferred proposal to merge **Day Centres** in Belfast?

- (c) If you do not agree, please tell us your reasons why you do not support the proposal?

1. Is there any additional relevant evidence or information which the Trust should consider in assessing impacts of these proposals?

2. Are there any potential adverse impacts which might occur as a result of these proposals being implemented? If so please provide some supporting evidence?



3. Can you suggest any other mitigating measures the Trust could take to remove or minimise any potential adverse impact on service users/carers or staff?

4. General comments

## How to have your say

The Trust intends to consult as widely as possible with all interested persons during the 12 week formal consultation period. To facilitate comments please complete the consultation questionnaire attached. However the Trust will accept comments in any format.

The closing date for this consultation is on 26<sup>th</sup> November 2015 and we need to receive your completed questionnaire or response on or before that date.

Responses **in writing** should be sent to:

Chief Executive  
Belfast Health and Social Services Trust  
C/o Corporate Communications  
Nore Villa  
Knockbracken Healthcare Park  
Saintfield Road  
Belfast, BT8 8BH or

**Email** your response to: [Stakeholdercomms@belfasttrust.hscni.net](mailto:Stakeholdercomms@belfasttrust.hscni.net)

**Before** you submit your response, please read page 46 of Appendix 2 regarding the Freedom of Information Act 2000 and the confidentiality of responses to public consultation exercises.

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

Name:

Position:

Organisation:

Address:

I am responding:

- as an individual
- on behalf of an organisation (please tick)

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

## Appendix 1

### The Health and Social Care Commissioning Plan Direction (Northern Ireland) 2015 (No.1)

Requirements of the Commissioning Plan Direction stated within sections 3 (a), (b) & (c);

- To improve and protect population and wellbeing and reduce health inequalities
- To promote the health and wellbeing of local populations
- To work collaboratively with communities and partner organisations to address the determinants of health
- To deliver high quality, safe and effective care in the most appropriate setting
- To facilitate people to live as independently as possible in the community
- To improve the patient and client experience
- To ensure that services are resilient and provide value for money in terms of outcomes achieved and costs incurred
- To act as a driver for improvements in quality, productivity, efficiency, effectiveness and patient and client outcomes
- To strategic direct but also may prove more cost effective manner

### The Health and Social Care Board and Public Health Agency – Commissioning Plan 2014/2015 (Draft 26<sup>th</sup> January 2015)

*Learning Disability Commissioning Priorities to be taken forward by Local Commissioning Groups during 2014/2015 include:*

- Delivery of Day Services in line with the **Regional Day Opportunities Model** (TYC Recommendation 67).  
(Pages 110 – 111)

### The Learning Disability Service Framework – Full Document (Revised Jan 15), HSCB

**Standards 14, 16 and 17:**

- **Standard 14**

Young people with a Learning Disability should have a transition plan in place before their 15th birthday and arrangements made for their transition to adulthood by their 18th birthday.

**Service User Perspective:**

*"I will have a transition plan in place before my 15th birthday."*

*"I will know the arrangements that are in place for when I leave school before my 18th birthday."*

▪ **Standard 16:**

Adults with a Learning Disability should be able to access support in order that they can achieve and maintain employment opportunities in productive work.

**Service User Perspective:**

*"I will be able to get support to help me find and keep a job."*

▪ **Standard 17:**

All adults with a severe or profound Learning Disability should be able to access a range of meaningful **Day Opportunities** appropriate to their needs.

**Service User Perspective:**

*"I will be supported to take part in a range of activities during the day."*



[REDACTED]

---

**From:** [REDACTED]@hscni.net>  
**Sent:** 01 September 2015 10:10  
**To:** McNicholl, Catherine  
**Cc:** [REDACTED] Mcneany, Barney; [REDACTED] (E-mail); [REDACTED]@belfasttrust.hscni.net  
**Subject:** LD Consultation Paper  
**Categories:** Yellow Category

"This email is covered by the disclaimer found at the end of the message."

Catherine

I received the amended LD Consultation paper on Friday and have discussed it with [REDACTED] and [REDACTED] this morning.

Accordingly we are content that the Trust proceeds with the consultation exercise for both the Mental Health and the Learning Disability proposals.

Formal Board approval will only be given after the consultations have been completed and responses received and any changes incorporated.

Given the timescale of first sight of the proposals and the need to substantially re-work the LD proposal it has not yet been possible to share the papers with either the Board's, MH and LD Commissioning Team (02/09/15) or the Belfast LCG (17/09/15).

These are also important steps in gaining formal Board support for the proposals in particular the details of the alternatives to be offered to people affected by the proposed changes and the impact of any changes on S.B.A. and existing funding.

[REDACTED]

[REDACTED]  
Project Secretary – Dementia Project



**Dementia  
Together NI**

Health & Social Care Board  
Social Care & Children's Directorate  
Eastern Office

12-22 Linenhall Street  
BELFAST  
BT2 8BS

Tel: [REDACTED]  
Email: [REDACTED]@hscni.net

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[REDACTED]

---

**From:** Seriousadverseincident-sm </o=belfast trust/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=seriousadverseincident>  
**Sent:** 01 September 2015 15:52  
**To:** [REDACTED]@hscni.net'  
**Cc:** [REDACTED] McMullan, Colin;  
**Subject:** FW: Trust Ref: EA/BHSCT, [REDACTED] HSCB Ref: EA [REDACTED]  
**Attachments:** bhsct\_early alert proforma\_[REDACTED].doc

**Categories:** Orange Category

**Sent on behalf of Colin McMullan, Senior Manager Corporate Governance**

Dear Colleagues,

Further to the email below the Trust wishes to clarify that this incident will not now be reported by the Trust as an SAI. This is because the safeguarding investigation found the allegations were not substantiated and it therefore does not meet SAI criteria for reporting as such.

If you have any queries or require further assistance please do not hesitate to contact Colin McMullan, Senior Manager Corporate Governance, by email: [Colin.McMullan@belfasttrust.hscni.net](mailto:Colin.McMullan@belfasttrust.hscni.net) or Telephone [REDACTED]

Regards,

[REDACTED]

**From:** [REDACTED] On Behalf Of SeriousAdverseIncident-SM  
**Sent:** 05 August 2015 15:59  
**To:** 'serious incidents'  
**Cc:** Mitchell, Mairead; [REDACTED] McMullan, Colin  
**Subject:** RE: Trust Ref: EA/BHSCT, [REDACTED] HSCB Ref: EA [REDACTED]  
**Importance:** High  
**Sensitivity:** Confidential

**Sent on behalf of Colin McMullan, Senior Manager Corporate Governance**

Dear Colleagues,

Further to your email below regarding the queries in relation to Early Alert Notification EA/BHSCT, [REDACTED] HSCB Ref: EA [REDACTED] the Directorate has confirmed that this incident was investigated through the PSNI and an extensive safeguarding process. The outcome of both investigations was that there was no evidence of any of the allegations made. The Trust would therefore request that this early alert is closed.

If you have any queries or require further assistance please do not hesitate to contact Colin McMullan, Senior Manager Corporate Governance, by email: [Colin.McMullan@belfasttrust.hscni.net](mailto:Colin.McMullan@belfasttrust.hscni.net) or Telephone [REDACTED]

Regards,

[REDACTED]

[REDACTED]  
[REDACTED]  
**Risk & Governance Officer**  
**Belfast Health & Social Care Trust**  
**6th Floor McKinney House**  
**Musgrave Park Hospital**  
**Stockmans Lane**  
**Belfast BT9 7JB**  
**Contact Number:** [REDACTED]



**From:** [REDACTED] on behalf of SeriousAdverseIncident-SM  
**Sent:** 01 September 2015 16:10  
**To:** 'seriousincidents@hscni.net'  
**Cc:** [REDACTED] Cairns, Claire; Mitchell, Mairead  
[REDACTED] HSCB  
**Subject:** FW: Trust Ref: EA/BHSC [REDACTED]  
bhsc\_early alert proforma [REDACTED].doc.htm  
**Importance:** High  
**Sensitivity:** Confidential

**Sent on behalf of Colin McMullan, Senior Manager Corporate Governance**

Dear Colleagues,

Further to the email below the Trust wishes to clarify that this incident will not be reported by the Trust as an SAI. This is because the safeguarding investigation found the allegations were not substantiated and it therefore does not now meet SAI criteria for reporting as such.

If you have any queries or require further assistance please do not hesitate to contact Colin McMullan, Senior Manager Corporate Governance, by email: [Colin.McMullan@belfasttrust.hscni.net](mailto:Colin.McMullan@belfasttrust.hscni.net) or Telephone [REDACTED]

Regards,

[REDACTED]

**From:** [REDACTED] On Behalf Of SeriousAdverseIncident-SM  
**Sent:** 05 August 2015 15:59  
**To:** 'serious incidents'  
**Cc:** Mitchell, Mairead; [REDACTED] McMullan, Colin  
**Subject:** RE: Trust Ref: EA/BHSC [REDACTED] HSCB Ref: [REDACTED]  
**Importance:** High  
**Sensitivity:** Confidential

**Sent on behalf of Colin McMullan, Senior Manager Corporate Governance**

Dear Colleagues,

Further to your email below regarding the queries in relation to Early Alert Notification EA/BHSC [REDACTED] HSCB Ref: [REDACTED], the Directorate has confirmed that this incident was investigated through the PSNI and an extensive safeguarding process. The outcome of both investigations was that there was no evidence of any of the allegations made. The Trust would therefore request that this early alert is closed.

If you have any queries or require further assistance please do not hesitate to contact Colin McMullan, Senior Manager Corporate Governance, by email: [Colin.McMullan@belfasttrust.hscni.net](mailto:Colin.McMullan@belfasttrust.hscni.net) or Telephone [REDACTED]

Regards,

[REDACTED]

**Risk & Governance Officer**  
Belfast Health & Social Care Trust  
6th Floor McKinney House  
Musgrave Park Hospital  
Stockmans Lane  
Belfast BT9 7JB  
**Contact Number:** [REDACTED]  
**Email Address:** [REDACTED]

**From:** serious incidents [<mailto:seriousincidents@hscni.net>]  
**Sent:** 23 July 2015 11:33  
**To:** SeriousAdverseIncident-SM

**Subject:** Trust Ref: EA/BHSC1 [REDACTED] HSCB Ref: [REDACTED]  
**Sensitivity:** Confidential

\*This email is covered by the disclaimer found at the end of the message.\*

Thank you for your email below in response to Lead Officer queries received on 13 May 2015. The Lead Officer responds as follows:

The Procedure for the reporting and follow up of Serious Adverse Incidents April 2010 under which the Trust considered this incident states "All existing local or national reporting arrangements, where there are statutory or mandatory reporting obligations, will continue to operate in **tandem** with this procedure" (page 7 section 3.3). The procedure also states that among its aims are to review of the circumstances and service input to "ensure trends, best practice and learning is identified, disseminated and implemented in a timely manner, in order to prevent recurrence; and provide a mechanism to effectively share learning in a meaningful way across the HSC" (page 5 section 2.0).

There is therefore clearly an expectation that an incident that met the SAI criteria (which in the view of the Lead Officer this one does) would be reported, irrespective of parallel processes such as criminal investigation and adult safeguarding also being initiated. Whilst information and perspectives relevant to an SAI review may well be elicited from these, there aims and objectives differ significantly. Therefore the Lead Officer would once again request that the Trust formally report this incident as an SAI, and review it as such within the terms of reference of the SAI procedure.

Can you please submit a SAI Notification, as requested, to [seriousincidents@hscni.net](mailto:seriousincidents@hscni.net) mailbox as soon as possible?

Many Thanks

[REDACTED]  
Governance Support Officer  
Corporate Services Department  
Health & Social Care Board  
Tower Hill  
Armagh

E: [REDACTED]  
T: [REDACTED]

**From:** [REDACTED] **On Behalf Of** SeriousAdverseIncident-SM  
**Sent:** 13 May 2015 09:10  
**To:** serious incidents  
**Cc:** Mitchell, Mairead; [REDACTED] McMullan, Colin  
**Subject:** RE: Trust Ref: EA/BHSC1 [REDACTED] HSCB Ref: [REDACTED]  
**Importance:** High  
**Sensitivity:** Confidential

Sent on behalf of Colin McMullan, Senior Manager Corporate Governance

Dear Colleagues,

Please find attached response regarding the queries in relation to Early Alert Notification EA/BHSC1 [REDACTED] HSCB Ref: [REDACTED]

If you have any queries or require further assistance please do not hesitate to contact Colin McMullan, Senior Manager Corporate Governance, by email: [Colin.McMullan@belfasttrust.hscni.net](mailto:Colin.McMullan@belfasttrust.hscni.net) or Telephone [REDACTED]

Regards,

[REDACTED]  
**Risk & Governance Officer**  
Belfast Health & Social Care Trust  
6th Floor McKinney House

Musgrave Park Hospital  
Stockmans Lane  
Belfast BT9 7JB  
Contact Number: [REDACTED]  
Email Address: [REDACTED]

**From:** serious incidents [mailto:seriousincidents@hscni.net]  
**Sent:** 11 May 2015 11:16  
**To:** SeriousAdverseIncident-SM [REDACTED] HSCB Ref: [REDACTED]  
**Subject:** Trust Ref: EA/BHSC [REDACTED]  
**Importance:** High  
**Sensitivity:** Confidential

\*This email is covered by the disclaimer found at the end of the message.\*

Please see email below, in relation to the above incident. Can you please submit a SAI for the above Early Alert?

Regards

[REDACTED]

Governance Support Officer  
Corporate Services Department  
Health & Social Care Board  
Tower Hill  
Armagh

E: [REDACTED]  
T: [REDACTED]

**From:** serious incidents  
**Sent:** 24 April 2015 14:31  
**To:** SeriousAdverseIncident-SM (SeriousAdverseIncident@belfasttrust.hscni.net)  
**Cc:** [REDACTED] HSCB Ref: [REDACTED]  
**Subject:** Trust Ref: EA/BHSC [REDACTED]  
**Importance:** High  
**Sensitivity:** Confidential

Can you please confirm if the above Early Alert has been submitted as an SAI? If not, can you please submit a SAI as soon as possible as the Lead Officer has stated that this Early Alert meets the criteria for reporting a SAI?

Regards

[REDACTED]

Governance Support Officer  
Corporate Services Department  
Health & Social Care Board  
Tower Hill  
Armagh

E: [REDACTED]  
T: [REDACTED]

**From:** serious incidents  
**Sent:** 06 March 2015 12:10  
**To:** EarlyAlertNotificationMedDir-SM ([EarlyAlertNotificationMedDir@belfasttrust.hscni.net](mailto:EarlyAlertNotificationMedDir@belfasttrust.hscni.net))  
**Cc:** [REDACTED]  
**Subject:** Trust Ref: EA/BHSC/ [REDACTED] HSCB Ref: [REDACTED]  
**Sensitivity:** Confidential

Please see email below, in relation to the above Early Alert, where the Lead Officer has requested that a SAI be submitted, to date we have not received a SAI. Can you please submit a SAI as soon as possible?

Regards

[REDACTED]  
Governance Support Officer  
Corporate Services Department  
Health & Social Care Board  
Tower Hill  
Armagh

E: [REDACTED]  
T: [REDACTED]

**From:** serious incidents  
**Sent:** 03 February 2015 11:54  
**To:** 'EarlyAlertNotificationMedDir-SM'  
**Subject:** Trust Ref: EA/BHSC/ [REDACTED] HSCB Ref: [REDACTED]  
**Sensitivity:** Confidential

The DRO would draw the Trust's attention to Section 4, Definition and Criteria, within the Procedure for the Reporting and Follow up of Serious Adverse Incidents (October 2013). This incident would appear to meet the criteria set out in 4.2.5 and 4.2.8.

Whilst it is acceptable to delay the SAI review on advice of police carrying out a criminal investigation, the DRO would draw attention to Section 7.3. of the procedure and the expectation that the SAI review will run as a parallel process. The Trust should also note the purpose of an SAI review – to identify learning and prevent where possible any future occurrence of similar incidents. The intention and the scope of the SAI is therefore different from the police criminal investigation and the Adult Safeguarding investigation.

The Trust should therefore formally notify this incident as an SAI and conduct a review of this case in respect to any improvements to care planning, staff supervision, training etc.; or any other cultural or environmental features of the care setting that could be addressed to reduce the likelihood of any future occurrence.

Regards

[REDACTED]  
Governance Support Officer  
Corporate Services Department  
Health & Social Care Board  
Tower Hill

Armagh

E: [REDACTED]  
T: [REDACTED]

**From:** [REDACTED] **On Behalf Of** EarlyAlertNotificationMedDir-SM  
**Sent:** 28 January 2015 11:21  
**To:** serious incidents  
**Cc:** Mitchell, Mairead; [REDACTED]  
**Subject:** RE: Early Alert Notification: EA/BHSC/ [REDACTED] HSCB Ref: [REDACTED]  
**Importance:** High  
**Sensitivity:** Confidential

Sent on behalf of Claire Cairns, Co-Director Risk & Governance

Dear Colleagues,

Please find attached response regarding the queries in relation to Early Alert Notification BHSC/EA [REDACTED] HSCB Ref: [REDACTED]

If you have any queries or require further assistance please do not hesitate to contact Claire Cairns, Co-Director Risk & Governance by email: [claire.cairns@belfasttrust.hscni.net](mailto:claire.cairns@belfasttrust.hscni.net) or Telephone [REDACTED] / mob: [REDACTED]

Regards,

[REDACTED]

**From:** serious incidents [<mailto:seriousincidents@hscni.net>]  
**Sent:** 16 January 2015 12:19  
**To:** SeriousAdverseIncident-SM  
**Subject:** Early Alert Notification: EA/BHSC/ [REDACTED] HSCB Ref: [REDACTED]  
**Importance:** High  
**Sensitivity:** Confidential

\*This email is covered by the disclaimer found at the end of the message.\*

Please see email below sent 6 March 2014, in relation to the above incident.

This Early Alert remains open. No subsequent SAI has ever been received and the DRO feels that it should be an SAI.

Can you please let me know the current status of this Early Alert, as it remains open and if an SAI is to be submitted?

Many Thanks

[REDACTED]  
Governance Support Officer  
Corporate Services Department  
Health & Social Care Board  
Tower Hill  
Armagh

E: [REDACTED]

T: [REDACTED]

**From:** serious incidents  
**Sent:** 06 March 2014 15:07  
**To:** SeriousAdverseIncident-SM ([SeriousAdverseIncident@belfasttrust.hscni.net](mailto:SeriousAdverseIncident@belfasttrust.hscni.net))  
**Cc:** [REDACTED]  
**Subject:** Early Alert Notification: EA/BHSC1 [REDACTED] HSCB Ref [REDACTED]  
**Sensitivity:** Confidential

The attached Early Alert, which was reported on 9 November 2012 remains open. No subsequent SAI has ever been received. I had contacted the DRO to see if the Early Alert could now be closed. The DRO has responded saying – *'given the serious nature of this incident and its public interest I am of the opinion that it should be an SAI.'*

Can you please let me know the status of the above Early Alert as it hasn't been reported as an SAI?

Regards,

[REDACTED]  
Governance Support Officer  
Corporate Services Department  
Health & Social Care Board  
Tower Hill  
Armagh

E: [REDACTED]  
T: [REDACTED]

**From:** [REDACTED]  
**Sent:** 09 November 2012 16:40  
**To:** early alert; [earlyalert@dhsspsni.gov.uk](mailto:earlyalert@dhsspsni.gov.uk); cx office  
**Cc:** [brenda.creaney@belfasttrust.hscni.net](mailto:brenda.creaney@belfasttrust.hscni.net); Robinson, David; McNicholl, Catherine; Tony Stevens; Champion, June; Cairns, Claire; EarlyAlertNotificationMedDir  
**Subject:** Early Alert Notification  
**Importance:** High  
**Sensitivity:** Confidential

Sent on behalf of Claire Cairns Corporate Governance Manager

Dear Colleagues

Please find attached Early Alert Notification for the Belfast Health & Social Care Trust.

If you have any queries or require further assistance please do not hesitate to contact Claire Cairns, Corporate Governance Manager by email: [claire.cairns@belfasttrust.hscni.net](mailto:claire.cairns@belfasttrust.hscni.net) or Telephone [REDACTED] mob: [REDACTED]

Regards,

[REDACTED]  
**Risk & Governance**  
Belfast Health & Social Care Trust  
8th Floor McKinney House  
Musgrave Park Hospital  
Stockmans Lane  
Belfast BT9 7JB  
Contact Number: [REDACTED]  
Email Address: [earlyalertnotificationmeddir@belfasttrust.hscni.net](mailto:earlyalertnotificationmeddir@belfasttrust.hscni.net)

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**Belfast Health and  
Social Care Trust**

**BHSCT Annex A**

Initial call made to: [REDACTED] (DHSSPS) on [REDACTED] (DATE)

**Follow-up Proforma for Early Alert Communication:**

**Details of Person making Notification:**

Name [Dr David Robinson] Organisation [Belfast HSC Trust]  
Position [Co-Director Nursing: Governance, Standards and Performance] Phone [REDACTED]

***Criteria (from para 1.3) under which event is being notified (tick as appropriate)***

1. *urgent regional action*
2. *contacting patients/clients about possible harm*✓
3. *press release about harm*
4. *regional media interest*✓
5. *police involvement in investigation*✓
6. *events involving children*
7. *suspension of staff or breach of statutory duty*✓

**Brief summary of event being communicated:** *\*If this relates to a child please specify BOD, legal status, placement address if in RRC. If there have been previous events reported of a similar nature please state dates and reference number. In the event of the death or serious injury to a child – Looked After or on CPR – please confirm report has been forwarded to Chair of Regional CPC.*

On [REDACTED] a member of staff reported that [REDACTED] staff [REDACTED] [REDACTED] had physically abused [REDACTED] patients in [REDACTED] Ward in Muckamore Abbey Hospital. These staff have been suspended pending outcome of investigations. The PSNI have been informed. The Trust is in the process of referring the staff to the Independent Safeguarding Authority. The Nursing and Midwifery Council has been notified [REDACTED]

**Appropriate contact within the organisation should further detail be required:**

Name of appropriate contact [Dr David Robinson on behalf of Miss Brenda Creaney]

Contact details: Telephone (work or home) [REDACTED]

Mobile (work or home)

Email address (work or home) david.robinson@belfasttrust.hscni.net

Forward proforma to Patient/Client Safety Services, Risk & Governance Department using the **'EarlyAlertNotificationMedDir'** mailbox.

**FOR COMPLETION BY DHSSPS:**

Early Alert Communication received by: ..... Office: .....

Forwarded for consideration and appropriate action to: ..... Date: .....

Detail of follow-up action (if applicable) .....



[REDACTED]

---

**From:** [REDACTED] </o=belfast trust/ou=first administrative group/cn=recipients/cn=seb [REDACTED]>  
**Sent:** 03 September 2015 11:59  
**To:** Seriousadverseincident-sm  
**Subject:** RE: BHSCT/SAI/[REDACTED] DRO Query  
**Categories:** Purple Category

Hi Folks

We can confirm that the patient's Trust of origin was Northern Trust

Thanks

[REDACTED]

**From:** [REDACTED] On Behalf Of SeriousAdverseIncident-SM  
**Sent:** 26 August 2015 09:59  
**To:** Mitchell, Mairead  
**Cc:** [REDACTED]  
**Subject:** BHSCT/SAI/[REDACTED] DRO Query  
**Importance:** High  
**Sensitivity:** Confidential

**Sent on behalf of Colin McMullan, Senior Manager Corporate Governance**

Dear Mairead,

Please see email below received from HSCB, regarding DRO query for Serious Adverse Incident BHSCT/SAI/[REDACTED] for the Belfast Health & Social Care Trust.

It would be much appreciated if you would provide Corporate Governance with a response to the following query by **Tuesday 1<sup>st</sup> September 2015:**

- ***The DRO would like the Trust to please confirm the patient's Trust of origin?***

If you have any queries or require further assistance please do not hesitate to contact Colin McMullan, Senior Manager Corporate Governance, by email: [Colin.McMullan@belfasttrust.hscni.net](mailto:Colin.McMullan@belfasttrust.hscni.net) or [REDACTED]

Regards,

[REDACTED]

[REDACTED]  
Risk & Governance Officer  
Belfast Health & Social Care Trust  
6th Floor McKinney House  
Musgrave Park Hospital  
Stockmans Lane  
Belfast BT9 7JB  
Contact Number: [REDACTED]  
Email Address: [REDACTED]@belfasttrust.hscni.net

**From:** serious incidents [REDACTED]@hscni.net]  
**Sent:** 25 August 2015 14:39  
**To:** SeriousAdverseIncident-SM  
**Subject:** Trust Ref: BHSCT/SAI/[REDACTED] HSCB Ref: [REDACTED]  
**Sensitivity:** Confidential

"This email is covered by the disclaimer found at the end of the message."

Thank you for receipt of the above SAI, received 25 August 2015. The DRO would like the Trust to please confirm the patient's Trust of origin?

Can you please submit your response to [REDACTED]@hscni.net by **1 September 2015**?

Many Thanks

[REDACTED]  
Governance Support Officer  
Corporate Services Department  
Health & Social Care Board  
Tower Hill  
Armagh

E: [REDACTED]@hscni.net  
T: [REDACTED]

**From:** [REDACTED]@belfasttrust.hscni.net] **On Behalf Of** SeriousAdverseIncident-SM  
**Sent:** 25 August 2015 09:13  
**To:** serious incidents  
**Cc:** Mitchell, Mairead; [REDACTED] Veitch, John; [cathy.jack@belfasttrust.hscni.net](mailto:cathy.jack@belfasttrust.hscni.net); Cairns, Claire; McMullan, Colin; [REDACTED]  
**Subject:** Serious Adverse Incident BHSCT/SAI/[REDACTED]  
**Importance:** High  
**Sensitivity:** Confidential

**Sent on behalf of Colin McMullan, Senior Manager Corporate Governance**

Dear Colleagues

Please find attached Serious Adverse Incident Notification Form re BHSCT/SAI/[REDACTED] for the Belfast Health & Social Care Trust.

If you have any queries or require further assistance please do not hesitate to contact Colin McMullan, Senior Manager Corporate Governance by email: [Colin.McMullan@belfasttrust.hscni.net](mailto:Colin.McMullan@belfasttrust.hscni.net) or Telephone [REDACTED]

Regards,

[REDACTED]  
Risk and Governance department  
6<sup>th</sup> Floor, McKinney House  
Stockman's Lane, Belfast, BT9 7JB  
Tel: [REDACTED]

E-mail: [REDACTED]@belfasttrust.hscni.net

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3<sup>rd</sup> September 2015

**Governance Support Officer**  
**Corporate Services Department**  
**Health & Social Care Board**  
**Tower Hill**  
**Armagh**

**Your Ref.** [REDACTED]  
**Our Ref.** BHSCT/SAI/[REDACTED]

Dear [REDACTED]

Further to your recent query in relation to the above Serious Adverse Incident the Trust would advise as follows:

- ***The DRO would like the Trust to please confirm the patient's Trust of origin?***

We can confirm that the patient's Trust of origin was Northern Trust.

If you require further information, please do not hesitate to contact me by telephone [REDACTED] or email: [Colin.McMullan@belfasttrust.hscni.net](mailto:Colin.McMullan@belfasttrust.hscni.net)

Yours sincerely

**Colin McMullan**  
**Senior Manager Corporate Governance**  
**Medical Directors Office**  
**Belfast Health and Social Care Trust**

[REDACTED]

---

**From:** [REDACTED] </o=belfast trust/ou=first administrative group/cn=recipients/cn=seb-[REDACTED]>  
**Sent:** 07 September 2015 15:30  
**To:** [REDACTED]; Mccaughey, Hugh; [REDACTED]; Dillon, Martin; [REDACTED]  
**Subject:** FW: Belfast Trust Consultations  
**Attachments:** bhsct\_learningdisability\_consultation-sept2015.pdf; bhsct\_mentalhealth\_consultation-sept2015.pdf; ce\_ldconsultation\_coveringletter2.pdf; ce\_mhconsultation\_coveringletter2.pdf  
**Categories:** Yellow Category

Belfast Trust is currently carrying out 2 consultations :

1. **A Consultation and Equality Impact Assessment on the Delivery of Learning Disability Day Services for People Living in Belfast.**
2. **A Consultation and Equality Impact Assessment on the Delivery of Mental Health Day Services for People Living in Belfast**

Please find attached documents relating to the above 2 consultations taking place at Belfast Trust

I hope you will take the time to read these documents and let us know your views on the proposals. We remain committed to making improvements and delivering the type of service you expect.

The consultation document and Equality Impact Assessment is also available on our website:  
<http://www.belfasttrust.hscni.net/about/Consultations.htm>

The consultation will be from 4 September 2015 to 26 November 2015.

Michael McBride  
Chief Executive

[REDACTED]

3<sup>rd</sup> September 2015

Dear Consultee,

**A Consultation and Equality Impact Assessment on the Delivery of Learning Disability Day Services for People Living in Belfast.**

Belfast Health and Social Care Trust is sharing this consultation and equality impact assessment document on the on the delivery of Learning Disability Day Services for people living in Belfast. The consultation document describes the way these services are currently provided and describes our preferred proposal of how this could be done in the future.

We are keen to hear your views on this proposal and we are committed to taking the feedback we receive on board. The Trust recognises the wealth of experience and insight that service users, families, carers and representative organisations can offer about the delivery of responsive services. We also realise that we can only deliver change as we work in partnership with others.

To access the documents including an easy read version, please [click on the link](#). Alternative formats are available on request. If you are not able to access the documents electronically and wish for a hard copy, please contact [REDACTED] Health & Social Inequalities on [REDACTED]

We will also be pleased to facilitate meetings with interested individuals or groups about our proposals.

**Our formal consultation begins on 3<sup>rd</sup> September 2015 and will close on the 26<sup>th</sup> November 2015.** The consultation document has a proforma included within the overall document – you can write to us or email us.

Responses **in writing** should be sent to:

Chief Executive

Belfast Health and Social Services Trust

C/o Corporate Communications

Nore Villa

Knockbracken Healthcare Park

Saintfield Road

Belfast, BT8 8BH or

**Email** your response to: [Stakeholdercomms@belfasttrust.hscni.net](mailto:Stakeholdercomms@belfasttrust.hscni.net)

We look forward to hearing from you.

Yours sincerely

  
**Michael McBride**  
Chief Executive

## **A Consultation on the Delivery of Learning Disability Day Services for People Living in Belfast.**

**Consultation dates:**  
**3<sup>rd</sup> September 2015 - 26th November 2015.**

### **Availability in other formats**

If you have any queries about this document and its availability in alternative formats then please contact:

Orla Barron  
Health & Social Inequalities Manager  
1<sup>st</sup> Floor, McKinney House  
Musgrave Park Hospital  
Stockman's Lane  
Belfast BT9 7JB  
Tel: [REDACTED]  
Textphone: [REDACTED]

E-mail: [orla.barron@belfasttrust.hscni.net](mailto:orla.barron@belfasttrust.hscni.net)



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## **A Consultation on the Delivery of Learning Disability Day Services for People Living in Belfast.**

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## About this consultation

We are consulting on proposals to change the way Learning Disability Day Services are delivered by Belfast Trust. This consultation is the commencement of a 3 – 5 year process to implement the agreed **Regional Day Opportunities Model**.

The consultation will begin on Thursday 3 September 2015 and will end on Thursday 26 November 2015. In order to facilitate the consultation process Belfast Trust will organise and publicise a range of consultation events for interested parties. The views expressed during the consultation will be presented to Belfast Health and Social Care Trust Board on 14 January 2016 and be made available to consultation respondents.

### 1. Context

- 1.1 In June 2007, **The Social Care Institute for Excellence** published a guide entitled "Community-based day activities and supports for people with learning disabilities: How we can help people to "have a good day"? This paper states that a person with a Learning Disability should be:
  - Undertaking activities that have a purpose.
  - In ordinary places, doing things that most members of the community would be doing.
  - Doing things that are right for them personally.
  - Receiving support that meets their individual and specific requirements and overcomes inequalities.
  - Meeting local people, developing friendships, connections and a sense of belonging.
- 1.2 In August 2011, **The Patient and Client Council** published a document entitled 'My Day, My Way' which was the culmination of an exercise reflecting the views of people with Learning Disability about the changes in day services in Northern Ireland. The Bamford Monitoring Group talked to a total of 1190 people with a Learning Disability, parents, carers and family members as part of this process. Within the document parents/carers said they feel there is a lack of opportunities for people with a Learning Disability, especially in relation to work placements and little flexibility in arrangements. The overwhelming conclusion from this work was that **Day Opportunities** and alternatives to traditional day care provision are increasingly important to people with a Learning Disability.
- 1.3 In August 2012, the **Health and Social Care Board (HSCB)** in partnership with the **Public Health Agency (PHA)** instigated a review of Learning Disability day services across Northern Ireland. This review, lead to a full public consultation, which involved events in all Health Trust areas, including

Belfast<sup>1</sup>. These events were very well attended by service users, carers, staff and other agencies<sup>2</sup>.

- 1.4 Following an extended full public consultation process, the HSCB and PHA published a **Regional Learning Disability Day Opportunities Model** in April 2014. This agreed model described how people with a Learning Disability can expect to lead full and meaningful lives in their neighbourhoods, have access to a wide range of social, work and leisure opportunities and form and maintain friendships and relationships. Belfast Trust now wants to consult on how we will reconfigure **Day Centre** Services to maximise Day Opportunity Services and activities for Service Users with a Learning Disability to fulfil the strategic requirements of the **Regional Day Opportunities Model**.

## 2. Why we're consulting

- 2.1 The **Regional Model for Day Opportunities** produced in 2014 by the HSCB and PHA, described two aspects to future service provision:
  - 1) Day services for people with **complex care needs**, which will be largely based in **Day Centres**, and
  - 2) **Day Opportunities** (which are for everyone), will be a package of community-based day time activities in areas such as further education, training, supported employment and social activities.
- 2.2 **Day Opportunities** will support individuals with a Learning Disability to access support that promotes their **social inclusion as citizens** and empowers them with choice about how they spend their day time hours.
- 2.3 In order to achieve the **Regional Day Opportunities Model** the Trust will be required to re-shape and re-model our current **Day Centres** to support individuals with more complex needs in the future and to ensure the most effective use of resources.

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<sup>1</sup> The HSCB and the PHA facilitated two events in Belfast at NICVA on Monday 4<sup>th</sup> November 2013.

<sup>2</sup> Belfast Trust Learning Disability services formally responded to the consultation as did many carers and other stakeholders either at the consultation events, by completing the consultation booklet or by a separate written response.

### 3. Proposals

- 3.1. In this document you will find our proposal for how Learning Disability **Day Centre** services will be reshaped to maximise **Day Opportunities** for Learning Disability Service Users in the future. This proposal is described in 'Proposal for future delivery' at paragraph 13.1.
- 3.2 We want to hear your comments on this proposal, and would like to know if you have any other suggestions on how services should be reshaped to deliver the **Regional Day Opportunities Model**. We also want to give you the opportunity to tell us how the re-shaping of Learning Disability **Day Centres** will impact in terms of equality of opportunity, good relations, disability duties and human rights. Please refer specifically to the separate EQIA document at Appendix 2.
- 3.3 We want to hear the views of people with a Learning Disability, their carers and anyone with an interest in Learning Disability Services in Belfast.
- 3.4 This proposal takes account of:
  - The outcomes of a comprehensive profile of existing service provision and current service users' needs.
  - Capacity within the existing service provision.
  - An analysis of key demographic trends in particular regarding young people transitioning to adult services post 19 years.
  - Existing **Day Opportunities** which meet the assessed needs, views and aspirations of service users and their carers, particularly of those who could most benefit from alternatives to services provided in traditional buildings based **Day Centres**.
  - Local community based **Day Opportunities** already in existence, to meet current and future assessed needs together with the views of providers of **Day Opportunity** services e.g. the NOW Project.

## Why things are changing

### 4. Our Vision

- 4.1 Our vision for **Day Opportunities**<sup>3</sup> is consistent with the **Regional Day Opportunities Model, Equal Lives**<sup>4</sup> and the **Bamford Review**<sup>5</sup>, with the core values of social inclusion, citizenship, empowerment, working together and individual support. It is also consistent with the **Health & Social Care Commissioning Plan Direction (NI) 2015**<sup>6</sup> and the **HSCB Commissioning Plan 2014/2015**<sup>7</sup>
- 4.2 Our vision is about delivering support to Learning Disability Service Users with less complex needs through a range of **Day Opportunities** as opposed to traditional **Day Centre** care delivered solely by health and social care. Instead the focus is on service users and staff working together to develop and implement individual person centred plans and utilising activities and resources available through a range of agencies.
- 4.3 Person centred plans will be developed to include services appropriate to the transition points in life, as an essential part of:
- The young person to adult stage of life<sup>8</sup>,
  - The adult at the retirement stage<sup>9</sup> of life, and
  - Those whose needs change and become more complex such that they require 24 hour care and support.
- 4.4 The **Regional Day Opportunities Model** also places a requirement on all Government Departments<sup>10</sup> to ensure that **Day Opportunities** for people with a Learning Disability is clearly seen as a shared responsibility and is not solely a matter for the Health Service. To achieve our vision for **Day Opportunities** we must have a multi-agency approach and implementation must be a key priority for other agencies, including education and further education, employment, transport and local Councils. We will continue to engage with all of these agencies and departments to ensure our services users are able to avail of future **Day Opportunities** in Belfast.

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<sup>3</sup> As outlined in Excellence and Choice – A Consultation on the future provision of Learning Disability Services Belfast, November 2009 and the HSCB / PHA Regional Model for Day Opportunities 2014.

<sup>4</sup> Equal Lives: Review of Policy and Services for People with a Learning Disability in Northern Ireland - September 2005

<sup>5</sup> The Bamford Review of Mental Health and Learning Disability, an independent review of legislation, policy and service provision, concluded in August 2007.

<sup>6</sup> See Appendix 1

<sup>7</sup> Draft at 26 January 2015, see Appendix 1

<sup>8</sup> Between June 2015 and 2016, 23 young people will potentially require complex needs support.

<sup>9</sup> Currently 55 service users are aged 65 years and above.

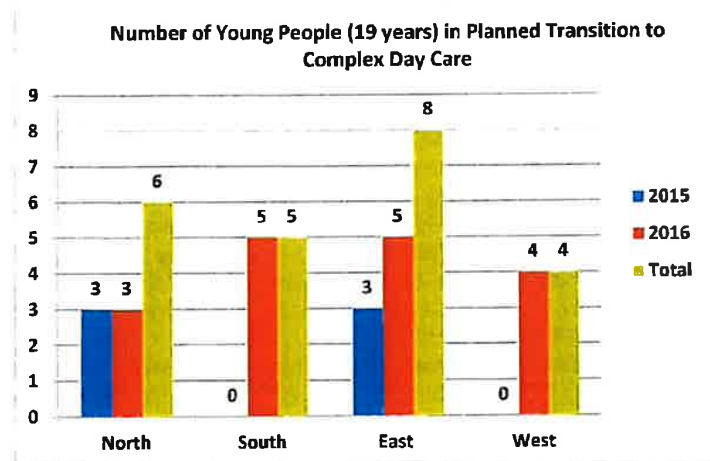
<sup>10</sup> Page 7 – Regional Day Opportunities Model

- 4.5 We will also work closely with partners in the community and voluntary sector to develop choice and opportunities that are focused on the benefits to the individual, their family and their local community.
- 4.6 We know from our review of current Learning Disability Service Users in Belfast that:
- (a) A proportion of Learning Disability Service Users with complex needs will continue to exclusively require **Day Centre** based care.*
  - (b) A further proportion of our Learning Disability Service Users will continue to require **Day Centre** service on some days of the week and, in addition, be able to avail of some **Day Opportunities** in suitably well-supported provision.*
  - (c) A further proportion of our Learning Disability Service Users will be able to exclusively avail of **Day Opportunities**, with appropriate support and who will no longer require any **Day Centre** services.*
- 4.7 We envisage that in the longer term, across Belfast there will be **Day Centre** services in each locality North, South, East and West of the city, together with a developing range of **Day Opportunities** provided by satellite services. We will consult further, as required, on the reconfiguration of **Day Centre** services across the city as **Day Opportunities** increase and individual's assessed needs change.
- 4.8 The regional review of **Day Opportunities** identified as a first step to implementation of the regional model that 'each locality needs to establish its current service profile'. In doing so we know that within Belfast Trust:
- Up to 700 service users have places on our Trust day care registers;
  - 75% of **Day Centre** places are filled on a full-time basis, and 25% of places are filled on a part-time or 'off-site' placements.
  - 95% of those using **Day Centres** live within the **Day Centres'** geographic catchment or the previous Trust Boundary prior to 2007.
  - 50% of those using **Day Centres** are from North & West wards and 50% from are from South & East wards
  - 78% of those attending **Day Centres** travel on statutory transport or in our staff vehicles, 10% on public transport and 11% in their own vehicle or by a private provider.
  - The gender profile of those attending is 51% Male and 49% Female
  - The age profile of those attending is 9% 18-24 yrs, 45% 25-44 yrs, 38% 45 - 64 yrs & 8% 65+ yrs.

- 4.9 To implement our vision and the **Regional Day Opportunities Model** we know that **Day Centres** in the future will be for those people with more complex care needs. Currently individual Service Users attending **Day Centres** have support needs within the eight broad categories below. Within each category the complexity of need of the individual can of course vary, as can those individuals whose complex needs result in needing support in more than one of these areas.

Category / % of those attending	Category / % of those attending
Challenging Behaviours - 43%	Mental Health Issues - 34 %
Communication Needs - 83%	Sensory Issues - 33%
Eating & Drinking Support - 68%	Substance Misuse - 1%
Complex Health Needs - 39%	Profound Multiple Disorders - 18%

- 4.10 Current demographic trends demonstrate that in 2015/16 and in 2016/17 there will be 23 young people transitioning to adult **Day Centres** at 19 years. Diagram 1 below shows the numbers planned to transition to complex care across all four areas of the city. In the next two years the highest numbers are in East (8) and the lowest in West (4).





## 5. What People Have Told Us?

- 5.1 Comments from our service users, (who already have access to a wide range of **Day Opportunities** provided through the community and voluntary sector), highlight the significant benefits they have found in their placements:

'I get out more, can travel by myself and have friends outside the centre and don't get bored; we get making our own decisions about what we do during the week'.  
(Female, late 40s)

'I can get to places on my own and I know if I need someone I can still get help. I feel like an adult.' (Female, early 40s)

'Left school and went to day centre but I wanted to do more so now I am in work placement and am doing some courses, when I finish I want to get a job.' (Male, early 20s)

## 6. Personalisation

- 6.1 Learning Disability service provision, both now and in the future is based on individual assessed need, person centred care planning and the involvement and participation of users and carers. Through Direct Payments and the introduction of Self Directed Support service users and their carers will have further options regarding how **Day Opportunities** are provided to individuals in the future.

## 7. Day Centre Services

- 7.1 The number and location of our **Day Centres** was inherited by the Trust in 2007. In order to implement the **Regional Day Opportunities Model** we plan to work in partnership with service users and their families to re-shape the current configuration of **Day Centres** buildings across Belfast. This will involve providing **Day Centre** services for those with complex needs. Building on existing success we will develop further a range of **Day Opportunities**, provided through 'satellite' services which may be statutory based or provided in partnership with the community and voluntary sector and other agencies. Through this **Day Centre** and 'satellite' approach service users, their carers and families will continue to be supported by the full range of Learning Disability services, appropriate to their assessed needs.
- 7.2 Only by continuing to engage with other agencies, including Education, Employment and Learning, Regional Development and Culture, Arts and Leisure can we ensure that an inclusive range of **Day Opportunities** are provided. Further Education Colleges, Leisure Centres and Libraries are already examples of buildings which are shared by the whole community, including adults with a Learning Disability. We will seek, where possible, to maximise the availability of these facilities for our Service Users.

## 8 Developing Strong Partnerships with the Community & Voluntary Sector

- 8.1 Over the past 10 years we have worked with partners in the community and voluntary sector to develop an increasing range of **Day Opportunities** outside of **Day Centres** and in particular, The Now Project, The Orchardville Society, Mencap, Upper Springfield Development Company Ltd and ARC<sup>11</sup>. The training and support for employment provided by this sector has become a priority for many service users and created opportunities which have had positive personal outcomes for both service users and their carers. Our partners in the community and voluntary sectors are telling us that many of our service users (as set out in 4.6 (b) above) who attend their **Day Opportunities** provision for part of the week as an outreach service from our **Day Centres** would be able to avail of **Day Opportunities** five days a week.
- 8.2 The community and voluntary sector already provide various activities for adults with learning disabilities, including providing work placements with organisations such as Belfast City Council, Royal Mail and many catering outlets. They also provide work placements with animal shelters and charities such as MacMillan Care. This sector provides various social activities and clubs at local leisure centres and other community facilities, for example:
- The Now Project which operates mostly in North and West Belfast has the franchise for the Bobbin Café in Belfast City Hall which provides training opportunities and employment opportunities for our service users.
  - The Orchardville Society which mainly operates in South and East Belfast has Café East on the Newtownards Road which also provides training opportunities and employment opportunities for service users.
  - Pre -employment training courses are also provided for our service users to help prepare them for placements and any employment opportunities and this would include independent travel training as part of the course.
  - The Upper Springfield Development Co. Ltd providing arts, skills and social clubs in West Belfast.
- 8.3 In addition to these providers **Day Centres** have also developed a wide and established network of partnerships with a range of charities and organisations including, local libraries, Disability Sports NI, Riding for the Disabled, Artscape and Streetwise.
- 8.4 As we implement our vision of the **Regional Day Opportunities Model**, we want to ensure that more and more of these opportunities are offered to service users.

## 9 Our review of on-going needs

- 9.1 The needs of our Learning Disability Service Users are reviewed regularly by Community Learning Disability Nurses, Social Workers and Allied Health professionals. Those who attend our **Day Centres** also receive a regular review of their needs by the specialist staff who work there.

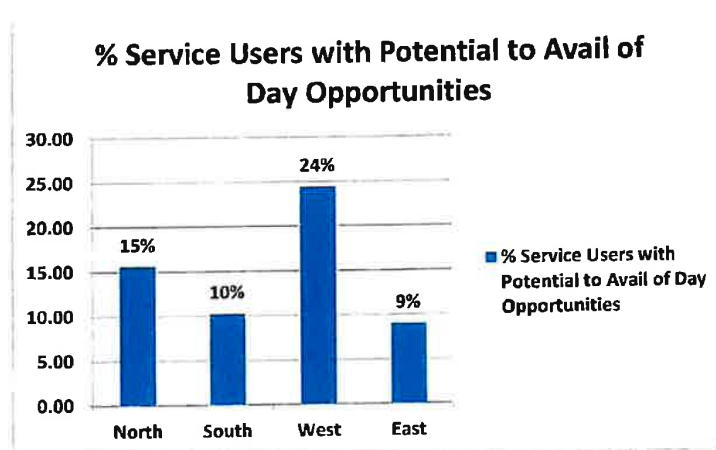
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<sup>11</sup> The Association for Real Change



- 9.2 The Trust has, in advance of this consultation, undertaken an overview of the placements we currently provide in our **Day Centres**. As part of this process we have also considered the potential for Learning Disability Service Users who attend **Day Centres** of their potential to avail of greater **Day Opportunities**. In doing so, we have identified a proportion of Service Users who could progress from current **Day Centre** care to a much more personalised **Day Opportunities** approach. This review identified approximately 100 Service Users across Belfast who currently attend **Day Centres** (out of a total of approximately 700) who, with appropriate support, could progress to a personalised **Day Opportunities** programme.
- 9.3 In Diagram 2 below we show where Service Users, who we have assessed could progress to **Day Opportunities**, are distributed across each locality in the city.

**Diagram 2**



## How we currently provide Learning Disability day services

### 10. Day Centres

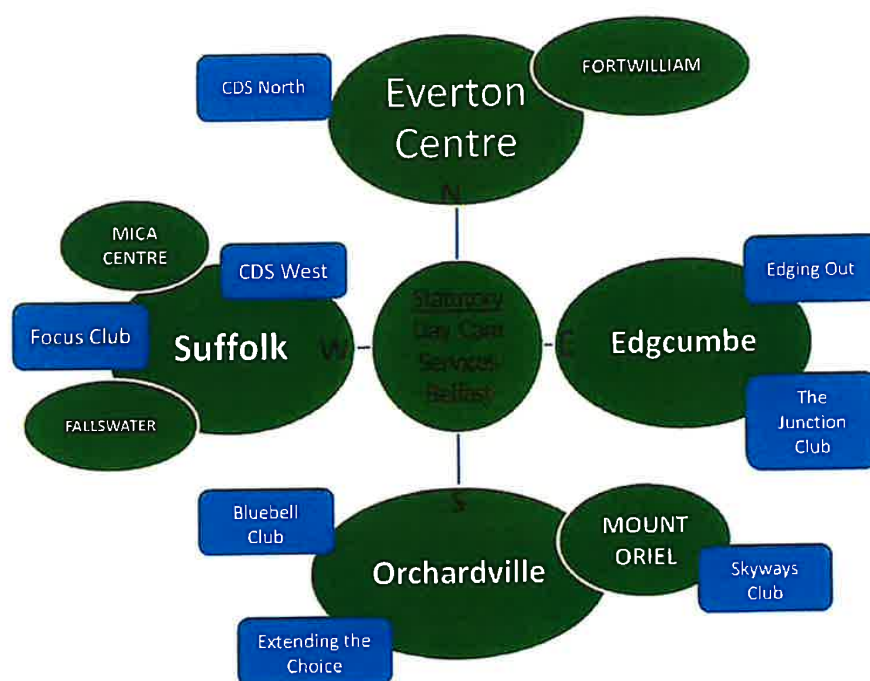
- 10.1 Belfast Trust currently provides Learning Disability **Day Centres** from four large centres, one in each geographic sector of the city and four smaller centres listed below. These are mapped in Diagram 3 overleaf coloured in Green:
- Everton Centre (North Belfast)
  - Orchardville Centre (South Belfast)
  - Edgumbe Centre (East Belfast)
  - Suffolk Centre (West Belfast)
  - Mica Drive Centre (West Belfast)
  - Fallswater Centre (West Belfast)
  - Fortwilliam Centre (North Belfast)
  - Mount Oriel Centre (South Belfast)
- 10.2 These **Day Centres** offer a range of services, including needs assessment, risk assessment, mobility support, medication administration, personal care support, behaviour management and specialist eating and drinking support.
- 10.3 We want to ensure that in the future Service Users with a Learning Disability, with complex needs continue to receive the most appropriate support, through **Day Centre** and community based services. The configuration of services post consultation will safeguard this.

### 11. Day Centre Clubs - Improving Access to Day Opportunities

- 11.1 Over the past 10 years, **Day Opportunities** have also been developed by our services and supported by our staff outside of **Day Centres**. Currently 180 people or 25% of service users with a Learning Disability are already engaged in **Day Opportunities** activities. Because we believe **Day Opportunities** should be available to every Learning Disability Service User a further 50 individuals with particularly complex needs also have one of their day care sessions, outside a centre, on a weekly basis (as described above at 4.6 (b)). Belfast Trust currently also provides Learning Disability **Day Opportunities** from two community day services schemes and five clubs, (these are also shown on diagram 3, coloured in blue):
- Two Community Day Services Schemes (CDS) one in North and one in West Belfast.
  - Focus Club, based in Suffolk **Day Centre**
  - Edging Out and the Junction Clubs based in Edgumbe **Day Centre**
  - Extending the Choice (ETC) and Bluebell Clubs based in Orchardville **Day Centre**
  - Skyways Club, Based in Mount Oriel **Day Centre**
- 11.2 All Clubs are run and managed by service users, for service users, with support from Trust staff and are within local communities and engage with local community groups.

Diagram3

## Key



## **12. Day Opportunities provided by The Community and Voluntary Sector**

- 12.1 The Trust also commissions **day opportunity** services from the community and voluntary sector providers, mainly, The Orchardville Society, Now Project, Upper Springfield Development Co. Ltd, Mencap and ARC. These providers deliver a range of individualised programs in further education, supported training and employment, social enterprise and volunteering and leisure and recreational opportunities.
- 12.2 Community and Voluntary Sector partnership placements total just under 800 day opportunities every year.
- Supported Employment & Training – 518 placements
  - Volunteering, Arts and crafts, Social & Leisure, Horticulture - 281 placements
- 12.3 Already within Belfast significant numbers of people with a Learning Disability are undertaking a wide range of activities that are not provided within a **Day Centre** building.

## Proposal for future delivery

13.1 The Trust has considered how best to commence the process of implementing the **Regional Day Opportunities Model** across Belfast. We have indicated in Section 4.7 above that in future:

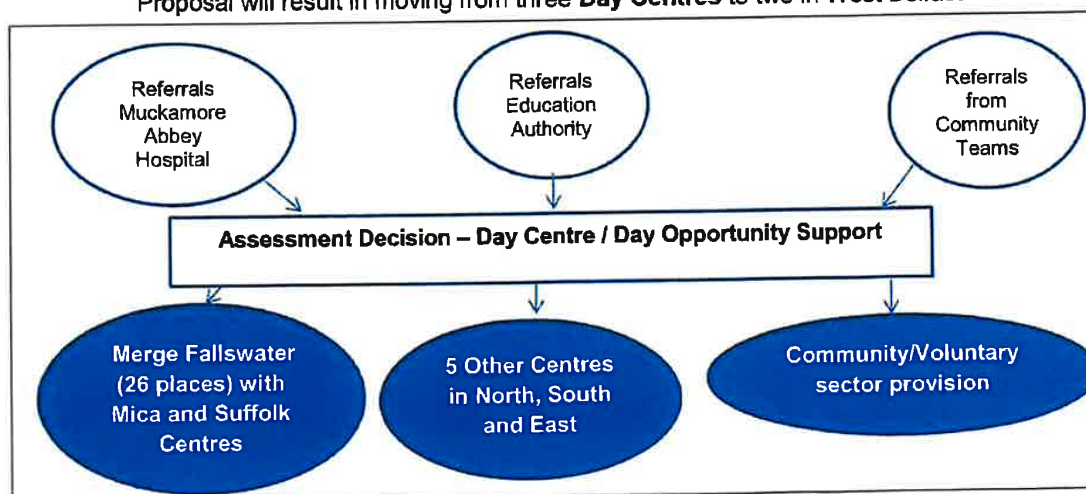
.... across Belfast there will be **Day Centre** services in each locality North, South, East and West of the city, together with a developing range of **Day Opportunities** provided by satellite services.

13.2 As a public service we are required to ensure (both for our own service provision and for those we purchase from the community and voluntary sector), that we secure the best service for the resources that are made available to us. As a result of this we know that it will not be viable to continue to deliver **Day Centre** services from all of our current buildings based locations in the future.

13.3 We have also considered the assessment of need arising out of our pre-consultation review of current **Day Centre** placements and our existing mix of statutory and community/voluntary sector provision of **Day Opportunities** across the city.

13.4 The area of Belfast where there the **greatest number** of Learning Disability Service Users, who we assess can progress from **Day Centres** to avail of **Day Opportunities**, is in **West Belfast**. We are also mindful of the demands for the service in the future and the demographic information shows that the demand for **Day Centre** placements in the next two years is **lowest in West Belfast**.

13.5 Our proposal is therefore to **Merge Day Centres in West Belfast**. **Day Centre** services are currently provided from the Suffolk, Mica and Fallswater Centres in West Belfast. We propose Fallswater **Day Centre**, given it is the smallest of the three in West Belfast, would merge with the Suffolk and Mica Centres. This Proposal will result in moving from three **Day Centres** to two in West Belfast.



## 14 Factors for this proposal

- 14.1 A merging of the West Belfast **Day Centre** service would re-shape the current provision. Within West Belfast, the potential for enhancing local alternative **Day Opportunities** is consistent with the **Regional Day Opportunities Model** and our overview of on-going needs confirms that the greatest potential to initiate **Day Opportunities** for service users exists in West Belfast. As identified 24% of service users who have been assessed as being able to avail of enhanced local **Day Opportunities** currently receive services in West Belfast. Consultation with existing voluntary sector day opportunity providers confirms the Trust's assessment as noted above.
- 14.2 Mica **Day Centre** staff have been working with service users interested in moving from a **Day Centre** model to community **Day Opportunities**. The established **Day Opportunities** partnership with Whiterock Leisure Centre (**satellite**) in West Belfast can be enhanced immediately by ten full-time places. This enhanced number of **Day Opportunities** created at Whiterock Leisure Centre would increase the choices available for service users, informed by their assessed needs and service user choice.
- 14.3 A Focus Club (**satellite**) run by Suffolk **Day Centre** can be enhanced immediately to create an additional four full-time **Day Opportunities** places, with potential, further additional places in the forthcoming months.
- 14.4 Given the range of statutory **Day Opportunities** and those provided by the Community & Voluntary Partners, Learning Disability Service Users will have the full range of **Day Opportunities** choices available.
- 14.5 This proposal focuses limited resources on services, **Day Opportunities** developments and not buildings.
- 14.6 This proposal would provide greater flexibility regarding service provision for service users who will continue to require a **Day Centre** placement in either Suffolk or Mica. Other localities in Belfast offer service users a choice of moving to one of two **Day Centres** within the locality and this proposal provides greater equity of provision across the city. Additionally the proximity of Orchardville **Day Centre** on the boundary of south and west Belfast could provide potential additional **Day Centre places** if required.
- 14.7 The main **Day Centre** in West Belfast (Suffolk) is projected to provide significant additional placements for school leavers with complex needs over the next number of years and these can be facilitated by the services within greater West Belfast area.
- 14.8 We are confident that sufficient **Day Opportunities** currently exist, or will be in place in time to allow individual service users in West Belfast to be adequately provided for with a range of **Day Opportunities** or (if required) **Day Centre** places.

## 15 Factors against this proposal

- 15.1 Some people who previously attended the Fallswater **Day Centre** and who will continue to need Day Centre services as set out in Section 4.6 (a) & (b) may have a slightly longer journey to attend the Mica or Suffolk **Day Centres** (if this remains their choice).
- 15.2 The Trust will work to ensure that the needs of individuals continue to be met by the service most appropriate to their needs and we commit to continuing the process of person centred planning based on individual needs assessment, both with service users and their families and carers.
- 15.3 The Trust will ensure that the full range of services available remain, i.e. **Day Centre** provision, clubs for social activities and leisure hobbies and work with those in education and supported training and employment in order to safeguard the needs of all service users.

## 16 Conclusion

- 16.1 Given the factors identified in the pre-consultation, the strategic background to the provision of **Day Opportunities** and the requirement on the Trust to commence implementation of the **Regional Day Opportunities Model** the Trust considers its proposal to merge Fallswater **Day Centre** into Mica and Suffolk **Day Centres** gives the best opportunity to begin the roll out of its Vision for **Day Opportunities**.
- 16.2 The Trust values and recognises that it is through our staff that the organisation delivers high quality care. The Trust is fully committed to supporting staff through periods of change. The proposal outlined in this paper will impact on the staff currently providing **Day Centre** services within Belfast. The Trust is committed to engaging and consulting fully with these staff utilising the Trust's agreed Framework on the Management of Staff affected by Organisational Change and the Staff Redeployment Protocol. The Trust will ensure that staff are fully supported throughout the process of change and will put in place a range of support mechanisms including, as appropriate, individual staff support, induction, training and re-skilling.
- 16.3 We understand that any proposals for change can create uncertainty and apprehension and so we want to provide reassurance that the Trust's approach to service change will be underpinned by the following principles;
  - ✓ individual engagement with service users and carers,
  - ✓ no change to the process of service needs assessment, which will continue to be person centred,
  - ✓ a full range of services will continue to be available within the Belfast Trust area,
  - ✓ any change for a service user will be subject to an agreed trial period and reviewed with service users and their carers, including, as appropriate to assessed need, the transport to support any change.
  - ✓ full account will be taken of the demographic trends and projections of those needing complex care and support.



## An Equality Impact Assessment (EQIA) about the Delivery of Day Services for people with a Learning Disability Living in Belfast

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**Consultation dates:** 3<sup>rd</sup> September 2015 - 26th November 2015.

### **Availability in other formats**

If you have any queries about this document and its availability in alternative formats then please contact:

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## 1. Introduction

This Equality Impact Assessment (EQIA) has been prepared by the Belfast Health and Social Care Trust (the Trust) to assess the impact of the changes outlined within the Trust's Consultation Document – 'A Consultation on the Delivery of Learning Disability Day Services for People Living in Belfast'.

An EQIA is an in-depth analysis of a proposal to determine the extent of the impact on equality of opportunity for the 9 equality categories and the impact on good relations under Section 75 of the Northern Ireland Act 1998. It also considers the impact on disability duties contained in the Discrimination Act 1995 (as amended). Finally, the EQIA considers the human rights impacts.

### How to get involved?

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

We are committed to improving the way we provide services for people and we need you to help us to do this. We believe that the people who use the service, their families, relatives, carers and communities and the staff who deliver the service are best placed to tell us what they think of the Trust's proposals and we are keen to involve these groups specifically in the process. We would like to hear your views as they are very important to us. The views of our staff are equally important to us.

The Trust welcomes any comments which you may have in terms of the Equality Impact Assessment. Your views are very important to us and we welcome your comments in a variety of means e.g. using the questionnaire, by writing to us, emailing, telephoning, faxing. (This list is not intended to be exhaustive).

The Trust has developed a detailed consultation plan and will engage with local stakeholders on the proposals for change within Day Services for people with Learning Disabilities provided by Belfast Trust.

**Deadline for comments will be: 26th November 2015.**

Following consultation a summary report will be made available.

## 2. Statutory Context:

Three important areas of law are considered relevant to this EQIA:

- Section 75 Northern Ireland (NI) Act 1998
- Disability Discrimination Act 1995 (as amended): Disability Duties
- Human Rights.

These are now considered in detail:

## **2.1 Section 75 NI Act 1998**

Section 75 of the NI Act 1998 requires each public authority, when carrying out its functions in relation to Northern Ireland, to have due regard to the need to promote **equality of opportunity** between nine categories of persons, namely:

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

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

Belfast Health and Social Care Trust submitted its revised Equality Scheme to the Equality Commission for Northern Ireland (ECNI) on 1<sup>st</sup> May 2011. The Scheme outlines how the Trust proposes to fulfil its statutory duties under Section 75 and will duly implement the requirements of the Revised Guidance for Public Authorities on Implementation of Section 75. The Trust's Scheme was formally approved in October 2011 and henceforth, policies are screened to assess impact on the promotion of equality of opportunity or the duty to promote good relations using the following criteria:

- What is the likely impact on equality of opportunity for those affected by this Policy? (major / minor / none).
- Are there opportunities to better promote equality of opportunity?
- To what extent is the Policy likely to impact on good relations?
- Are there opportunities to better promote good relations?

Further, the Trust gave a commitment to apply the above screening methodology to all policies and where necessary and appropriate to subject policies to further Equality Impact Assessment (EQIA).

## **2.2 Disability Discrimination Act 1995 (as amended)**

Under section 49A of the Disability Discrimination Act 1995 (the 'DDA 1995'), (as amended by Article 5 of the Disability Discrimination

(Northern Ireland) Order 2006), Belfast Trust, when carrying out its functions must have due regard to the need to:

- Promote positive attitudes towards disabled people **and**
- Encourage participation by disabled people in public life.

These 'Disability Duties' are a recognition of disabled people not having the same opportunities or choices as non-disabled people. Such limitations are often due to the attitudinal and environmental factors (such as the way in which services are designed or delivered), rather than limitations arising from the person's disability.

### 2.3 Human Rights

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 and requires legislation to be integrated so far as possible in a way that is compatible with the Convention rights. It also makes it unlawful for a public body to act incompatibly with the convention rights. Where a public authority has assumed responsibility for the welfare and safety of individuals, there is a particular duty to guarantee human rights.

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.

The Trust is committed to upholding the principles of the UN Convention on the Rights of Persons with Disability (UNCRPD) 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.

The Trust is also mindful of the need to comply with international human rights instruments:

- International Covenant on Civil and Political Rights
- International Covenant on Economic, Social and Cultural Rights
- International Convention on the Elimination of All Forms of Racial Discrimination
- Convention on the Elimination of All Forms of Discrimination against Women
- Convention against Torture and Other Cruel, Inhuman or Degrading Treatment.

In addition to these, there are European-level treaties including:

- European Convention on Human Rights
- European Social Charter
- Charter of Fundamental Rights of the European Union.

### 3. The Equality Impact Assessment Process

An Equality Impact Assessment (EQIA) is a thorough and systematic analysis of a policy, whether that policy is written or unwritten, formal or informal and is carried out in accordance with the Equality Commission's Guidance for Implementing Section 75 of the NI Act 1998 and its Practical Guidance on Equality Impact Assessment.

Whilst an EQIA must address all 9 Section 75 categories, it does not need to afford equal emphasis to each throughout the process – rather the EQIA must be responsive to emerging issues and concentrate on priorities accordingly.

An EQIA should determine the extent of differential impact upon the relevant groups and in turn establish if the impact is adverse. If so, then the public authority must consider alternative policies to better achieve equality of opportunity or measures to mitigate the adverse impact.

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

The Trust believes it is appropriate in this instance to conduct a full EQIA in order to fully assess the equality and human rights implications of this proposal. In so doing the Trust has adhered to the ECNI guidelines in conducting this EQIA. Key Stage 1 of 'defining the policy' is covered in detail in the consultation document. This EQIA goes on to cover stages 2 to 5. Stages 6 and 7 will be completed at the end of the consultative process.

**Table 1: ECNI Guidelines in conducting an EQIA**

Key Stage	Description
Key Stage 1	Defining the aims of the policy
Key Stage 2	Consideration of available data and research
Key Stage 3	Assessment of impacts
Key Stage 4	Consideration of measures that might mitigate any adverse impact and alternative policies which might better achieve the promotion of equality of opportunity
Key Stage 5	Consultation
Key Stage 6	Decision/recommendation by the Public Authority and publication of report on Results of Equality Impact Assessment
Key Stage 7	Monitoring for adverse impact in the future and publication of the results of such monitoring

### **3.1 Background to the Proposal**

The Belfast Health and Social Care Trust (The Trust) currently provides approximately 700 day care places across eight day centres, of various sizes, for adults with a learning disability in the Belfast area. The day centre based services are complemented by two day service schemes, five clubs and a range of community based services/activities.

The current proposal asserts that, through the availability and promotion of a more inclusive day services model, the requirement for traditional buildings based day care places will be reduced, thereby providing the opportunity to merge traditional buildings based services.

Specifically, the Trust proposes that services in West Belfast will be delivered via Mica Drive and Suffolk centres and complemented by satellite provision in Whiterock Leisure Centre and via a Focus Club (satellites) such that services will no longer be delivered from the Fallswater centre.

This EQIA therefore will consider the equality impact of the Trust's proposal to merge day centres in West Belfast for people with Learning Disabilities.

It is important to note that the more inclusive day opportunities model is the outcome of the shared vision reflected in the Regional Model for Day Opportunities developed by the Health & Social Care Board and Public Health Agency, following a review of Learning Disability Day Opportunities 2012 - 2014. The review was extensively consulted upon as part of a full public consultation exercise. There is therefore general public awareness about the on-going modernisation of Learning Disability day opportunities service.

The Trust is fully committed to the promotion and safeguarding of Equality and Human Rights and will ensure that the Equality and Human Rights implications are fully considered, assessed and incorporated as an integral part of this proposal and decision taken.



#### **4. Consideration of available data and research**

In keeping with the Equality Commission (NI) Guide to the Statutory Duties and EQIA Guidelines, quantitative and qualitative data has been drawn from a number of sources. The following data sources were used to inform this Equality Impact Assessment:

##### **4.1 Strategic Data Sources**

1. The 'Bamford Vision' & 'Equal Lives Review'(2007)
2. Community-based day activities and supports for people with learning disabilities: How we can help people to "have a good day"? (2007) Social Care Institute for Excellence
3. Person centred support: What service users and practitioners say; Joseph Rowntree Trust (2008)
4. 'My Day, My Way What I do during the day What people with a learning disability said' (2011) Patient Client Council
5. 'Transforming Your Care: A Review of Health & Social Care in Northern Ireland' (2011) DHSSPS
6. 'Regional Review of Day Opportunities for Adults with a Learning Disability' (2014) HSCB/PHA
7. Service Framework for Learning Disability (2015) DHSSPS
8. Northern Ireland Statistics and Research Agency(NISRA) 2011 Census of Population (Northern Ireland)
9. Statement of Key Inequalities, Equality Commission for Northern Ireland
10. DHSSPSNI Budget 2015/16
11. DHSS - Change or Withdrawal of Services : Revised Guidance on Roles and Responsibilities – DHSSPSNI – November 2014
12. ECNI Guide on Section 75 and Budgets – December 2014
13. ECNI Guidance on the Disability Duties: Promoting Positive Attitudes and Encouraging the Participation of Disabled people in public life 2007.

An overview of the **key** strategic documents is provided below:

##### **4.1.1 The 'Bamford Review and Vision' & 'Equal Lives Report' 2007**

In October 2002 the Department of Health, Social Services and Public Safety (DHSSPS) commissioned an independent review of law, policy and service provision

affecting people with mental health needs or learning disability in Northern Ireland. This became known as the Bamford Review/Equal Lives.

The Bamford Review provided the vision to re-focus on meeting the needs of people with a learning disability. One of the distinct strands of the Bamford Review was a review of policy and service provision for people with a learning disability. The subsequent Equal Lives Report was based on 5 core values which it stated must underpin future developments of service delivery for all people with a learning disability irrespective of age, gender, severity of disability or complexity of needs.

The 5 core values included:

**Citizenship:** People with a learning disability are individuals first and foremost and each has a right to be treated as an equal citizen.

**Social Inclusion:** People with a learning disability are valued citizens and must be enabled to use mainstream services and be fully included in the life of the community.

- a. Inclusion recognises both people's need for individual support and the necessity to remove barriers to inclusion that create disadvantage and discrimination. Inclusion is only possible on the basis of equality of opportunity to access and to participate in.
- b. Education, employment, leisure and other aspects of community life. Inclusion is more likely to be achieved if people's connections are maintained at a local level through involvement in local schools, housing, employment, etc.

**Empowerment:** People with a learning disability must be enabled to actively participate in decisions affecting their lives.

**Working Together:** Conditions must be created where people with a learning disability, families and organisations work well together in order to meet the needs and aspirations of people with a learning disability.

**Individual Support:** People with a learning disability should be supported in ways that take account of their individual needs and help them to be as independent as possible. In addition, service systems that are based on group approaches need to be remodelled to more fully recognise people's individual strengths and needs.

These values were/are a challenge to policy and practice which emphasise/d separation and dependency.

The Equal Lives report proposed 12 core Objectives to be incorporated into future policy for improving the lives of people with a learning disability. For this consultation Objective 4 and Objective 9 are relevant:

**Objective 4:** To enable people with a learning disability to lead full and meaningful lives in their neighbourhoods, have access to a wide range of social, work and leisure opportunities and form and maintain friendships and relationships.

**Objective 9:** To enable people with a learning disability to have as much control as possible over their lives through developing person centred approaches in all services and ensuring wider access to advocacy and Direct Payments.

*"Twenty-first century services will need to attune to a changed perception of what it means to have a learning disability. Many people with this disability are capable of doing more themselves. Their needs and aspirations cannot be met solely by Health and Social Services – they need support from education, housing, leisure, employment agencies and others." (Equal Lives; 1.16)*

*(We Must Ensure) "...that men and women with a learning disability are able to actively participate in their communities and (are) afforded opportunities to meet their aspirations for meaningful day-time activities, friendships, employment, education and leisure..." (Equal Lives; 5.1)*

#### **4.1.2 Community-based day activities and supports for people with learning disabilities: How we can help people to "have a good day"? (2007)**

The Social Care Institute for Excellence developed a Best Practice Guide for Commissioners and Service Providers wishing to develop measurable objectives in the area of activities and supports for people with learning disabilities. The report recommended that in order for a person with a learning disability to 'Have a good day' they should be:

- Undertaking activities that have a purpose
- Be in ordinary places, doing things that most members of the community would be doing
- Doing things that are right for them personally
- Receive support that meets their individual and specific requirements and overcome inequalities
- Meet local people, develop friendships, connections and a sense of belonging.

#### **4.1.3 'My Day, My Way' - What I do during the day. What people with a learning disability said' Patient Client Council (2011)**

The document was produced following the Bamford Monitoring Group discussions with 1190 people with learning disabilities, parents, carers and family members regarding day services in each Health and Social Care Trust area. The overwhelming conclusion was that 'day opportunities' offer people with a learning disability greater choice, flexibility and independence. The report stated that people really value having a variety of activities to do and places to go each day, and those

who mixed their week had the most positive experiences. The report also concluded that day opportunities and alternatives to traditional day care provision are increasingly important to people with a learning disability.

#### **4.1.4 Person centred support: What service users and practitioners say; Joseph Rowntree (2008)**

This study examined person centred support, a key new concern in public services. It does this by bringing together for the first time the views, ideas and experience of service users, face to face practitioners and managers. Government is committed to 'personalisation', 'self-directed support' and 'individual budgets' in social care, aiming for increased choice and control for the people who use services. This is a move away from traditional, 'one-size-fits-all' approaches.

#### **4.1.5 Transforming Your Care (TYC): A Review of Health & Social Care in Northern Ireland**

In 2011, DHSSPS published 'Transforming Your Care (TYC): A Review of Health & Social Care in Northern Ireland. TYC set out an agenda across the whole Health and Social Care sector. TYC was endorsed by the Assembly and confirmed the direction of day care provision in line with Bamford's vision.

#### **4.1.6 Regional Review of Day Opportunities for Adults with a Learning Disability**

In August 2012 the HSCB / PHA instigated a review of day opportunities for adults with a learning disability and subsequently consulted widely on a **Regional Learning Disability Day Opportunities Model**. The publication of the post-consultation report in April 2014 outlined a model of service delivery such that traditional day centre based care would support individuals with complex needs with an increasing emphasis on offering appropriate day opportunities to service users of all abilities.

The HSC/PHA model endorsed the Bamford ethos and had two critical elements to it.

- **Day care for people with complex needs** - The model stated that the need to provide an individualised service for the most vulnerable in our society remains an absolute priority for any modernised or reforming day service. HSC Trusts must therefore consider and adjust service criteria to ensure buildings-based services remains available to those with complex physical and healthcare needs or behaviour support needs. (pg6)
- **Day Opportunities** - The regional model recommended an inclusive approach to the development of day opportunities for all service users no matter what their ability. The model stipulated that it was essential to include carers, users and professionals in the planning and provision of services to ensure that users are both safe in their environments but are also engaging in meaningful and enjoyable activities. (pg6)

#### 4.1.7 Service Framework for Learning Disability 2015 DHSSPS

Service Frameworks set out the standards of care that service users, their carers and wider family can expect to receive. The aim of the Service Framework for Learning Disability is to improve the health and wellbeing of people with a learning disability, their carers and their families by promoting social inclusion, reducing inequalities in health and social wellbeing, and improving the quality of care. Of particular note is **Standard 17** which states that: 'All adults with a severe or profound learning disability should be able to take part in a range of meaningful day activities that suits their needs'.

#### 4.2 Local Data Sources

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

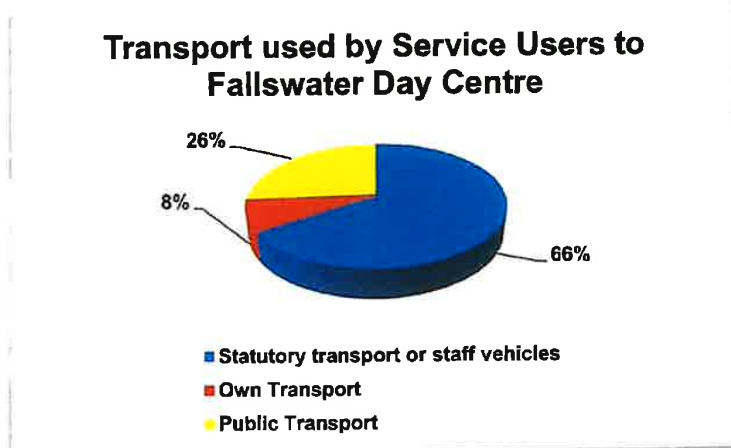
1. "The Belfast Way": A vision of excellence in Health and Social Care.
2. "New Directions": A conversation on the future delivery of Health and Social Care Services for Belfast.
3. Emerging Themes – Section 75 Inequalities Audit.
4. Framework on the Management of Staff affected by Organisational Change and the Staff Redeployment Protocol.
5. Framework on the Employment of People with Disabilities.  
'Excellence and Choice-A consultation on the future provision of Learning Disability Services in Belfast' 2010
6. Corporate Plan 2013-2016  
[http://www.belfasttrust.hscni.net/pdf/Corporate\\_Management\\_Plan\\_2013\\_to\\_2016.pdf](http://www.belfasttrust.hscni.net/pdf/Corporate_Management_Plan_2013_to_2016.pdf)
7. Belfast Trust's Equality Scheme which incorporates the Trusts Human Rights obligations and disability duties.
8. Available data in respect of each of the Section 75 groupings for service users and staff.

#### 4.3 Learning Disability Day Service Provision

##### 4.3.1 Profile of Fallswater Day Centre Service Users

Fallswater Day Centre has 26 registered service users. 19 attend full time and 7 attend part time. 96% of users live within the catchment area of BHSCT. All service users have a learning disability which means that a service user can experience one or more of the following: sensory needs, communication needs, mental ill health, challenging behaviour needs.

**Figure 1: Transport used by Service Users to Fallswater Day Centre:**



#### **4.3.2 Travelling Distance between Fallswater and Mica / Suffolk Day Centres**

Fallswater Day Centre is one of three centres based in West Belfast. The others are Mica Day Centre and Suffolk Day Centre. Fallswater is approximately 0.4 miles away from Mica Day Centre and 3 – 4.7.miles (depending on route taken) from Suffolk Day Centre involving a 3 minute or 11-14 minute drive respectively. Refer to Figures 2 and 3.

Figure 2: Distance map of Mica and Fallswater Day Centres<sup>12</sup>:

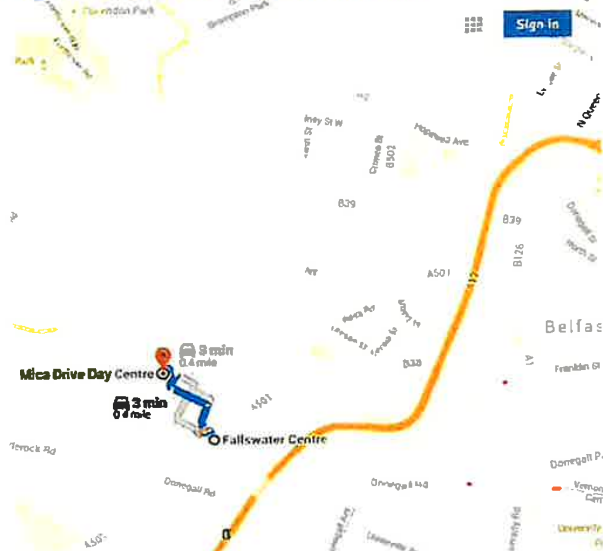
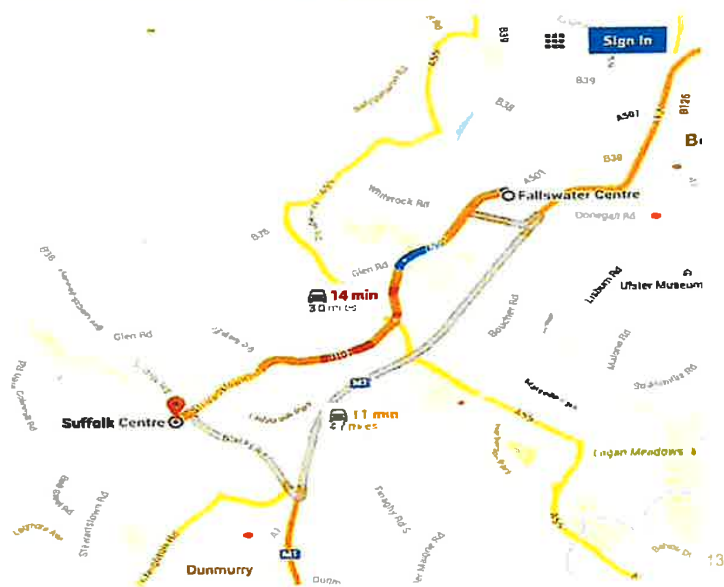


Figure 3: Distance map of Fallswater and Suffolk Day Centres:



<sup>12</sup> <https://www.google.co.uk/maps>

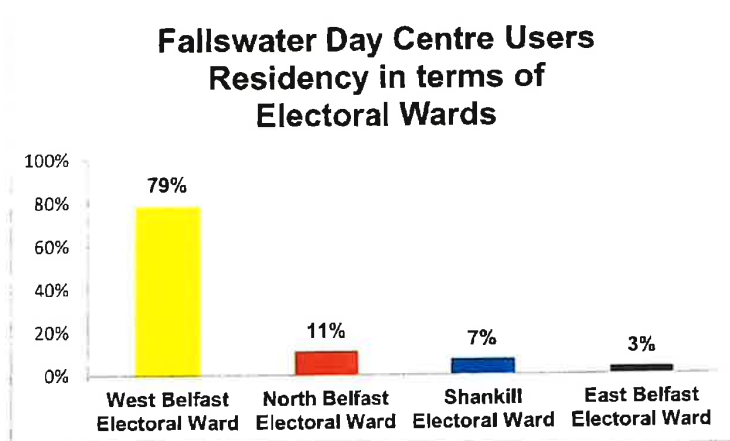
<sup>13</sup> <https://www.google.co.uk/maps>

**Table 2: Fallswater Day Centre : Service User Profile**

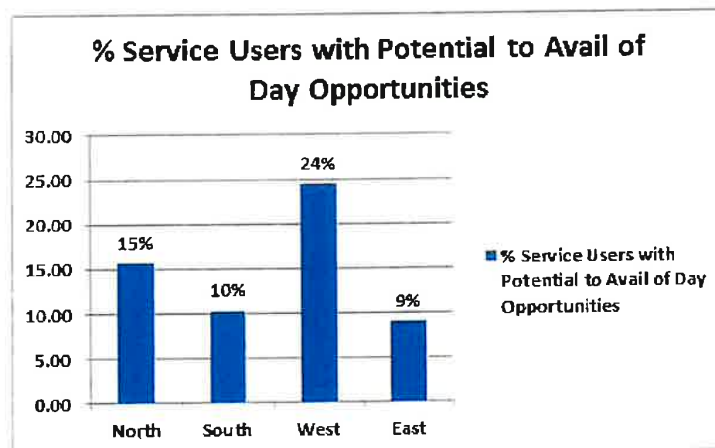
<b>Section 75 Groups</b>	<b>Category</b>	<b>% in Fallswater Day Centre</b>
Gender	Female	59%
	Male	41%
Age	< 18	0
	18-24	0
	25-44	3%
	45-64	85%
	65+	12%
Religion	Roman Catholic	88%
	Protestant	12%
	Not Known	0
Racial Group	White	100%
	Not Known	
Disability	With level of disability	100%
Marital Status	Single Married Other Not Known	This information has not been published to protect anonymity but has been included in the assessment.
Political Opinion	Broadly Unionist Broadly Nationalist Other Not Known	Not Known
Sexual Orientation	Opposite Sex Same Sex Not Known	Not Known



**Figure 4: Fallswater Day Centre Users Residency in terms of Electoral Wards:**



**Figure 5: Service Users with potential to avail of day opportunities:**

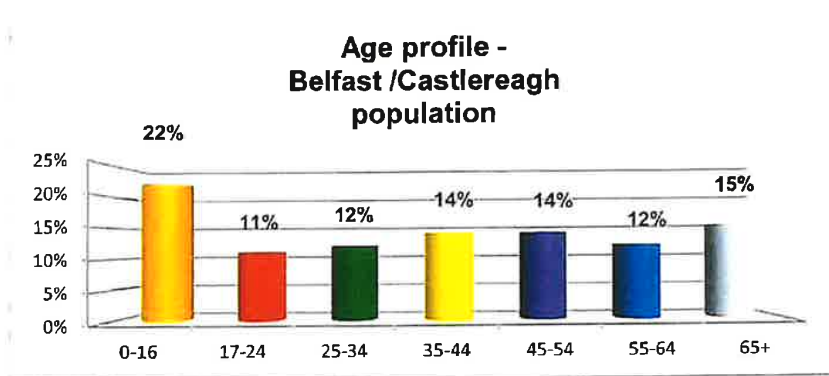


#### **4.4 Profile of Belfast Health and Social Care Trust Population**

Belfast Health and Social Care Trust provides health and social care to the populations of Belfast City Council and Lisburn and Castlereagh City Council. Unless otherwise stated, the following analysis is based on 2011 census data. Source: Northern Ireland Statistics website: [www.nisra.gov.uk](http://www.nisra.gov.uk). Crown copyright material is reproduced with the permission of the Controller of HMSO.

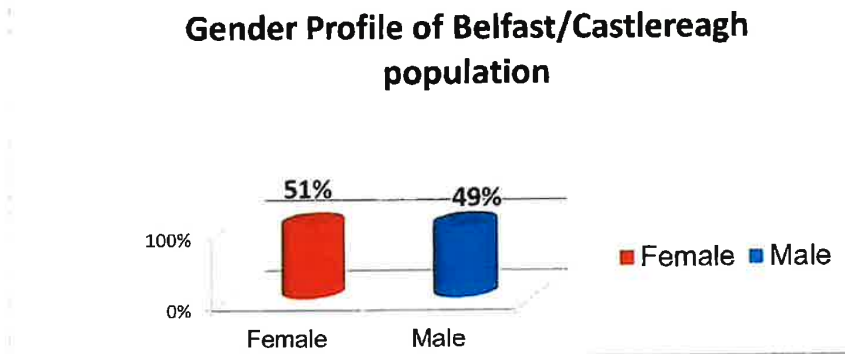
#### 4.4.1 Age

Figure 6: Age profile – Belfast Trust area population by age



#### 4.4.2 Gender

Figure 7: Gender Profile of Belfast Trust Population:



#### 4.4.3 Religion

The Census 2011 figures show that the religious composition of Belfast is 41% Roman Catholic and 42% of the population are from the Protestant faith (Presbyterian, Church of Ireland, Methodist or Other Christian). 17% of the population have identified as either a Buddhist, Hindu, Jewish, Muslim, Sikh, Other or none.

#### 4.4.4 Dependant Status

It is estimated that 12% of the Belfast Trust population provide unpaid care to family, friends, neighbours or others – nonetheless this figure decreases with age and increased prevalence of disability.

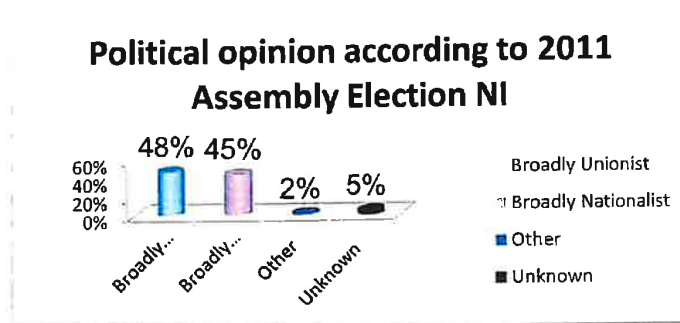
#### 4.4.5 Ethnicity

On Census Day 2011, 1.8 per cent (32,400) of the resident population of Northern Ireland belonged to minority ethnic groups, more than double the proportion in 2001 (0.8 per cent). This change was largely as a result of inward migration by people born in the 12 EU accession countries, who accounted for 2.0 per cent (35,700) of people usually resident in Northern Ireland.

#### 4.4.6 Political opinion

Political opinion of service users is not routinely gathered. Historically there tended to be a correlation between religious belief and political opinion – however it can be viewed as a relatively tenuous association. In the absence of the political opinion of service users, the Trust has considered the Assembly Election 2011 figures as a proxy.

Figure 8: Political opinion NI Assembly Election 2011:



#### 4.4.7 Sexual Orientation

The sexual orientation of service users is not routinely gathered. The 2011 census did not gather data on sexual orientation. A report commissioned by the Office of the First Minister and Deputy First Minister suggested that: "It is feasible to operate on the assumption that a certain proportion of the population (up to 10%) is LGBT (lesbian, gay, bisexual, and transgender), and to formulate policies accordingly." An estimated 10% of the NI population is 181,086 and for the Belfast Trust area this equates to approximately 36,500 service users.

#### **4.4.8 Disability**

The Disability Discrimination Act 1995 defines a disabled person as a person with "physical or mental impairment which has a substantial and long-term adverse effect on his ability to carry out normal day-to-day activities. It is estimated that between 17-21% of the NI population have a disability affecting almost 37% of households. All services users of learning disability services have a degree of disability.

#### **4.4.9 Marital Status**

The 2011 Census shows that a relatively high percentage of Belfast population are single at 46.60% compared with the NI average of 36.14%. Conversely there are fewer married people at 34.21% compared with the NI average of 47.56 %.

#### **4.4.10 Health and Social Inequalities**

The Trust is mindful that we provide services for users from some of the most deprived areas in Northern Ireland:

- Belfast is the most deprived out of the 26 Local Government Districts (LGDs).
- Belfast has the highest concentration of disadvantage with 7 out of the worst 10 wards (3 North, 3 West, 1 Shankill) and 12 out of the worst 20 wards on the NI Multiple Deprivation Measure2 (NIMDM) 2010 (also known as Noble Measure).
- Belfast has 9 of the 10 worst wards in the region in relation to health deprivation.
- The most widespread disadvantage and deprivation exists in north and west Belfast.

### **5. Belfast Health & Social Care Trust: Staff Profile**

#### **5.1 Trust Workforce**

The Trust values and recognises that it is through our staff that the organisation delivers high quality care. The Trust is fully committed to engaging and consulting fully with staff and supporting staff through periods of change.

The staff affected by this proposal will be redeployed within the Trust's learning disability services. The Trust in partnership with Trade Union side will consider how it will minimise any adverse impact on the workforce resulting from this.

#### **5.2 How the Trust will manage the process of change**

The process will be managed in accordance with the Trust's agreed **Framework on the Management of Staff affected by Organisational Change and the Staff Redeployment Protocol**. The Trust will ensure staff are fully supported throughout

the process of change and will put in place a range of support mechanisms including, as appropriate, individual staff support, induction, training and re-skilling.

The Trust proposes to merge the Fallswater Day Centre with the Suffolk and Mica Centres. This will impact on 9 staff. This pool of staff is predominantly female with an older workforce profile. There is limited data available within some of the other equality groups.

The Trust recognises that the options proposed impact upon a predominantly female workforce and recognises the correlation between gender and caring responsibilities. The Trust will give consideration to the provision of different working patterns and/or arrangements to facilitate individual circumstances wherever possible whilst ensuring efficient and effective service delivery. In addition any requirements for reasonable adjustments for staff with disabilities will be facilitated in line with the Trust's Framework on the Employment of People with Disabilities.

### 5.3 Equality Data

Due to the small numbers of staff a detailed breakdown of equality data is not provided.

The profile of the staff providing the service has been compared below to the profile of all Trust employees to identify any adverse impact.

**Table 3: Staff Profile**

Equality Group		Overall Trust Workforce @January 2015	Fallswater Day Centre Staff
<b>1. Age</b>	<25	4%	Broadly in line with Trust profile.
	25-34	24%	
	35-44	26%	
	45-54	29%	
	55-64	15%	
	65+	2%	
<b>2. Dependant Status</b>	Dependants	22%	Limited data available.
	No Dependants	21%	
	Not known	57%	
<b>3. Disability</b>	Yes	2%	Broadly in line with overall Trust profile.
	No	68%	
	Not known	30%	

<b>4. Gender</b>	Female Male	78% 22%	In line with Trust profile - the majority of staff are female.
<b>5. Marital Status</b>	Married/ Civil P'ship Single Other/Not known	55% 33% 12%	Broadly in line with Trust profile.
<b>6. Race</b>	BME	4%	Broadly in line with Trust profile.
a) Ethnicity	White Not Known	80% 16%	
b) Nationality	GB Irish Northern Irish Other Not known	15% 8% 2% 1% 74%	Limited data available.
<b>7. Religion</b>	Protestant Roman Catholic Neither	44% 50% 6%	Higher proportion of employees in the Neither grouping.
a) Community Background	Christian Other No religious belief Not known	26% 1% 7% 66%	Limited data available.
<b>8. Political Opinion</b>	Broadly Nationalist Broadly Unionist Other Do not wish to answer/ Unknown	6% 7% 8% 79%	Limited data available.
* 2011 Assembly election			
<b>9. Sexual Orientation</b>	Opposite sex Same sex or both sexes Do not wish to answer /Not known	39% 1% 60%	Limited data available.

## **6. Consideration of Adverse Impacts**

### **6.1 Scope**

The scope of this assessment focuses on the Equality Impact of the Trust's proposal to merge Day Services in West Belfast such that buildings based provision is available in Mica and Suffolk Day Centres (complemented with satellite provision in Whiterock Leisure Centre and via the Focus Club) and that provision is no longer available in Fallswater Day Centre. The scope of the impact of this consultation is therefore related to:

1. Current users of Fallswater
2. Staff

For the purposes of this consultation we will focus on the merging of the day services in West Belfast and not the service delivery model which was previously consulted on and agreed in the regional review.

Potential users of Fallswater are not within the scope of this EQIA as the support for people with Learning Disabilities will still remain. It is envisaged that potential service users will not be impacted as service provision will still be available.

### **6.2 Equality Screening Outcome**

The proposal to re-shape the delivery of Day Services for people with a learning disability in West Belfast was screened in for a full Equality Impact Assessment.

The screening determination was based on the following factors:

- Potential adverse impact on disabled people
- Potential adverse impact on older people
- Potential equality impacts that are unknown with further assessment deemed a valuable way to explore evidence
- Proposal is a strategically significant option.

### **6.3 Assessment of impact on Section 75 Groups –Service Users**

In the following section, the Trust has assessed the impact of the proposal on the current service users.

#### **6.3.1 Gender**

59% of current service users in Fallswater are female. This would accord broadly with Census 2011 figures (51% female) and with the fact that women tend to live

longer than men. The average life expectancy for a woman in Northern Ireland is currently 81 years and for a man is 76 years.

There is no differential impact and nothing to indicate that this proposal would have any adverse impact in terms of gender.

### **6.3.2 Age**

Within the general population in the Belfast Trust area, 26% of people are in the 45 – 64 age category whereas the corresponding figure for service users attending Fallswater is 85%. Service users across Belfast total 36% in this age category.

Such data indicates that the proposal will have a differential impact on people within this age group. Changing established routine and location is challenging for most of the population particularly for those that are older.

The proposal will consider the potential for differential impact on grounds of age. Implementation of the proposal will consider the potential for differential impact on grounds of age cognisant of the mitigating factors outlined in this EQIA.

### **6.3.3 Religious Belief**

The overwhelming majority of the service users are Roman Catholic and according to Census 2011 statistics this would be in keeping with the majority of those who live in the surrounding wards.

There is nothing to suggest that the impact would be adverse or negative in terms of users religious beliefs by moving to a day centre either 0.4 miles or 3 miles away within the same electoral ward.

### **6.3.4 Dependant Status**

None of the service users of Fallswater have caring responsibilities and as such there is no evidence to indicate that the proposal would have any adverse impact on them.

It would however be remiss not to address the perceived challenges that carers of service users may envisage due to the changes in the delivery of day services.

For service users with complex needs receiving primarily buildings based / day centre based services it is proposed that Day Services will be provided either at Mica Day Centre which is 0.4 miles from Fallswater or at Suffolk which is 3miles away. 79% of current service users live in the West Belfast electoral ward where both Mica Day Centre and Suffolk Day centres are located. The Trust is not withdrawing services for people with Learning Disabilities and any changes will be person centred.



### **6.3.5 Ethnicity**

All service users are white. Whilst there has been a marked increase in migration to Northern Ireland since the accession to the European Union of the 12 States, it would appear that they tend to be economically active people. According to health card registration data, most of these migrants have come to Northern Ireland for work or education.<sup>14</sup>

There is nothing to indicate that the proposal will have any adverse impact in terms of ethnic background.

### **6.3.6 Marital Status**

The vast majority of service users attending Fallswater are single. This is at variance with the trend in the Belfast Trust population where 46% are single.

Maintaining a person centred approach will ensure that any future proposals will pay due regard to this fact.

There is nothing to indicate, on the basis of the evidence available, that this proposal would impact adversely in a major way on people as a result of their marital status.

### **6.3.7 Disability**

All service users across Belfast and in Fallswater have a disability which is reasonable to expect given the nature of services provided. The level of disability varies from person to person and will often co-exist with a physical, sensory or mental ill health disability. This is at variance with the regional figure of 17-21%.

The proposal will, due to the services being delivered, impact differentially on service users on grounds of disability.

Implementation of the proposal will consider the potential for differential impact on grounds of disability cognisant of the mitigating factors outlined in this EQIA.

### **6.3.8 Sexual Orientation**

Whilst no direct information is gathered on sexual orientation, population trends estimate that 6-10% of the population are from the gay, lesbian, bisexual or 'trans' (transsexual, transgendered and transvestites) (LGBT) community.

There is no information available to indicate that the proposal will have an adverse impact in terms of sexual orientation.

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<sup>14</sup> <http://www.migrationni.org/DataEditorUploads/Demographics%20Report%205.pdf>

### **6.3.9 Multiple Identity**

The Trust recognises that people - service users or staff - do not neatly fit into one Section 75 category – no individual is the same. Therefore pure statistical information does not capture these multi-faceted complexities and the Trust will work with individuals and their families to ensure that the proposal does not impact adversely on them.

### **6.3.10 Assessment of Impact on Good Relations: Service Users**

The Trust's overall purpose is to 'improve health and well-being and reduce health inequalities'. As a public authority we have a legal responsibility under Section 75 of the Northern Ireland Act 1998 to promote good relations between persons of different religious belief, racial group and political opinion. It is acknowledged that there is a direct link between good relations and the reduction of health inequalities, therefore, as an organisation, it is important that we are openly committed to promoting Good Relations and challenging / not tolerating sectarianism and racism.

There is nothing to suggest that this proposal will have any adverse impact in the promotion of good relations. The Trust has a clear, well defined good relations strategy [Healthy Relations for A Healthy Future](#) whereby the corporate commitment to good relations is underlined. The Trust will ensure that all services and all facilities will be welcoming of all service users regardless of their religious affiliation, political opinion and / or racial group.

### **6.4 Assessment of Impact on Human Rights: Service Users**

The Trust is committed to its statutory responsibilities to safeguard and promote the human rights of both service users and staff.

#### **6.4.1 United Nations Convention on Rights with People of Disabilities**

The Trust has taken cognisance of the UN Convention of Rights of Persons with Disabilities (UNCRPD) and that the precept that disabled people have the same rights as everyone else to freedom, respect, equality and dignity.

The Trust would deem this proposal as engendering a significant enhancement in terms of the UNCRPD for current and indeed future service users given that the model is based on one which will yield the following benefits:

- Promotion of Independent living in the Community
- Enhanced Self Determination & Empowerment
- Greater Social Inclusion & Citizenship
- Improved Community Integration

#### 6.4.2 Human Rights Act

The Trust acknowledges its responsibilities under the Human Rights Act 1998 and also other international legislative instruments such as the International Convention on Economic, Social and Cultural Rights and the United Nation's Convention on the Rights of People with Disabilities.

The Trust will pay particular attention to the following commitments and advocate that a re-modelling of Day Services for people with learning disabilities will uphold and promote these rights for all service users regardless of how their day opportunities are being delivered i.e. buildings-based or in partnership with other sectors and agencies.

##### **Respect for privacy and family life**

The concept of private life also covers one's right to develop their personality and to develop friendships and other relationships. This includes a right to participate in essential economic, social, cultural and recreational activities of the community.

##### **Article 1<sup>15</sup>**

Right of self-determination. By virtue of this right everyone can freely determine their political status and freely pursue their economic, social and cultural development.

##### **Article 12<sup>16</sup>**

Right of everyone to the enjoyment of the highest attainable standard of physical and mental health.

##### **Article 13<sup>17</sup>**

Right of everyone to education. Education shall be directed to the full development of the human personality and the sense of its dignity, and shall strengthen the respect for human rights and fundamental freedoms.

The United Nations Convention on the Rights of People with Disabilities (UNCRPD) recognises that everyone is equal and that disabled people have the same rights as everyone else to freedom, respect, equality and dignity. The UNCRPD was created because often the human rights of disabled people have not been respected and there are barriers to their inclusion in society.

Within the UNCRPD, **Article 19** upholds the right for people to live independently and be included in the community. This means that there must be an equal right for all persons with disabilities to live in the community, with choices equal to others, and that effective and appropriate measures will be taken to facilitate full enjoyment by persons with disabilities of this right and their full inclusion and participation in the community, including by ensuring that:

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<sup>15</sup> International Covenant on Economic, Social and Cultural Rights

<sup>16</sup> Ibid

<sup>17</sup> Ibid

- Persons with disabilities have access to a range of in-home, residential and other community support services, including personal assistance necessary to support living and inclusion in the community, and to prevent isolation or segregation from the community;
- Community services and facilities for the general population are available on an equal basis to persons with disabilities and are responsive to their needs.

Article 25 of the UNCRPD recognises that persons with disabilities have the right to the enjoyment of the highest attainable standard of health without discrimination on the basis of disability.

The Trust would advocate that this proposal and the subsequent plans for consultation, implementation and evaluation contained therein enhance service user's human rights.

#### **6.5 Assessment of Impact on Disability Duties: Service Users**

The Trust interprets this proposal as positive in terms of its current disability duties to promote positive attitudes and to encourage full participation of disabled people in public life. The proposed re-shaping of Day Services in West Belfast is borne out of a commitment to no longer apply a 'one size fits all' approach to Day Services. By applying the agreed regional model the Trust is working towards a Belfast where people with a learning disability are more visible, more integrated and have more choice to engage in meaningful day activities which can only improve attitudes to people with a Learning Disability and enhance their opportunities to participate in public life.

#### **6.6 Assessment of Impact on Section 75 Groups: Staff**

##### **6.6.1 Summary Analysis**

The pool of staff is broadly reflective of the Trust's overall workforce profile however, there is a higher proportion of staff indicating their community background as neither Protestant or Roman Catholic and limited data available in a number of other equality categories.

##### **6.6.2 Gender**

A significant majority of staff affected are female. The Trust recognises the correlation between gender and caring responsibilities and has in place a range of flexible working opportunities for staff.

##### **6.6.3 Age**

An older workforce profile is evidenced. There is nothing to suggest an adverse impact on grounds of age.

#### **6.6.4 Religion**

Limited data available. There is nothing to suggest an adverse impact on grounds of religious belief or community background.

#### **6.6.5 Political Opinion**

Limited data available. There is nothing to suggest an adverse impact on grounds of political opinion.

#### **6.6.6 Marital Status**

Broadly in line with Trust profile. There is nothing to suggest an adverse impact on grounds of marital status.

#### **6.6.7 Caring Responsibilities**

Limited data available. The Trust has in place a range of flexible working opportunities for staff to support staff balance work and caring responsibilities.

#### **6.6.8 Disability**

The workforce composition is broadly in line with the overall workforce profile. The Trust is committed to ensuring that reasonable adjustments will be facilitated according to any individual needs identified in accordance with the Trust's Framework on the Employment of People with Disabilities.

#### **6.6.9 Ethnicity**

The workforce composition is broadly in line with the overall workforce profile. There is nothing to suggest an adverse impact on grounds of ethnicity.

#### **6.6.10 Sexual Orientation**

Limited data available. There is nothing to suggest an adverse impact on grounds of sexual orientation.

### **7. Consideration of mitigating measures**

In line with the Equality Commission's practical guidance on equality impact assessment this EQIA has considered mitigating factors which minimise the potential adverse equality impact on those that come within the scope of this assessment i.e. current service users and staff. The mitigating measures outlined will also address the Trusts Disability Duties and Human Rights obligations.

The Trust has produced this Equality Impact Assessment paper on the basis of the information available at present.

The Trust has and will engage directly with representative groups as part of the consultation process to discuss and gather information to inform a comprehensive assessment of impact. The Trust is committed to taking account of all the information, views and opinions from all stakeholders to assist in the decision making process.

The Trust is committed to the further development of services which support people with a learning disability to enjoy and live full lives within their local communities and to promote independence through the provision of a range of family, carer, voluntary and statutory support services.

### **7.1 Implementation of the Regional Strategic Model of Day Services**

The current re-shaping of the delivery of services proposes that, through the promotion of a more inclusive and less segregated day activities model and subject to individual needs assessments the requirement for traditional buildings-based day care places will be reduced. This then provides an opportunity to merge traditional buildings-based services.

The agreed regional model recommended modernisation of the traditional institutional/buildings -based day centre services to one, which promotes a wider range of day opportunities. This will enable people with learning disabilities to live more full and meaningful lives in their local communities. The model aims to facilitate greater social inclusion for service users, greater choice, flexibility and autonomy in the enhanced range of day opportunity choices available to service users, more personalised services and a more efficient use of limited resources with an emphasis on value for money.

This change in service delivery is an outcome of the shared vision reflected in the Regional Model for Day Opportunities developed by the Health & Social Care Board (HSCB) and Public Health Agency (PHA) following a review of Learning Disability Day Opportunities 2012 - 2014. The review was extensively consulted upon as part of a full public consultation exercise.

The vision for the new model envisaged an opportunity to redesign, innovate and diversify learning disability day services, whilst also recognising there will always be a place for day centres to provide care and support for people with more complex health and support needs.

Traditionally we have provided day care to people with a learning disability mostly within Trust learning disability day centres. As recommended by Bamford and included in the HSCB recommendations we are moving to increase the day opportunities we provide outside of our day centres and within local communities involving the voluntary and private sector as well as other departments and agencies such as Department of Employment, Department of Education, Department of Social Development and the Belfast City Council. This is a regional approach led by the Department of Health, Social Services and Public Safety: the Health and Social Care Board (HSCB) and the Public Health Agency.

HSCB recommendations for future day services in Northern Ireland give clear direction to increase the amount of day opportunities provided by the voluntary, statutory and private sectors which will result in a reduced number of adults with a learning disability attending Trust day centre buildings.

As per the Regional strategy we are therefore working to increase day opportunities for service users, alongside other sectors. In addition, we aim to build sustainable services which can meet the needs of the service users today and in the future. It is notable that West Belfast services envisage the smallest demand on their buildings based services from young people transitioning to adult services (18%) in the next two years. In addition, West Belfast has been identified as having most service users with potential to avail of day opportunities outside of traditional buildings based provision (24%).

To progress the Regional model of service delivery will naturally produce capacity within the buildings based day centre

It is important to note that the Regional directive has been developed in recognition of the need to enhance equality of opportunity and human rights for service users. In addition, given in NI there are approximately 16,500 people with a learning disability which McConkey and others (2006) predict will increase by 20.5% by 2021 a sustainable, efficient service is also required.

## **7.2 Person Centred Approach**

The Trust accepts that re-shaping of service provision can be daunting for staff and service users whether that involves re-locating to another day centre or availing of more day opportunities.

The Trust is committed to delivering person centred, person led services. The Trust wishes to reiterate that this commitment will remain throughout the transition and delivery of a more socially inclusive model of Day Services for people with learning disabilities in Belfast particularly for users and staff at Fallswater in West Belfast.

This will happen through the assessment of each service user's needs in a person centred manner through staff availing of the Trusts range of policies when modernising services. An example of this approach for service users is the Trust's commitment to a trial period and review and indeed the provision of transport when an individual's support changes following an assessment of individual need.

The Trust will continue to support and monitor the same numbers of service users who receive Day Services - however this will involve an increase in the use of other sectors and a more socially integrated experience for service users as appropriate.

The provision of Day Services which are person centred and not reliant exclusively on segregated Trust buildings-based services is likely to have a positive impact on service users in terms of greater social inclusion, improved civic opportunities, employability, access to leisure opportunities, greater opportunities to make friends and to relationships.



Maintaining a person centred approach will ensure that those with complex needs receiving a specialist service mainly within our day centres will continue to do so whilst those who can avail of a wide range of community services via other agencies such as the voluntary, private sector and other statutory bodies will do so.

The key priority is to ensure all of our service users have the option and opportunity to receive day opportunities that meet their individualised assessed needs within their local communities.

Building on the person centred approach to the re-modelling of the Day Services for day centres the Trust is mindful of the recommendations contained in the Joseph Rowntree Trust's Research entitled 'Person centred support: What service users and practitioners say'. In general the research commends the 'person centred' approach and indicates that for this approach to continue working certain principles need to be adhered to. Principles including:- information is needed for the service user, person centred does not mean the service user being alone, the service user should be involved in evaluating if the approach is working, more work needs to be done with carers to develop a more positive role in this approach and that it is critical to the success of the approach if all stakeholders regularly meet, share and discuss ideas.

### **7.3 Strengthening current provision**

To complement the provision of Day Services, West Belfast Day Centres have already developed partnerships with 36 other statutory bodies and the community / voluntary and private sectors. Currently, across Belfast approximately 800 day opportunity placements are delivered by the independent and third sectors. Indeed the existing profile of service provision and service users has identified the opportunity to immediately enhance service provision through satellite provision in West Belfast. This will certainly facilitate the strategic direction of services in West Belfast to a more inclusive model and importantly facilitate the availability of options to deliver person centred services. The new model of service delivery will be closely monitored by Trust staff. For service users who are disabled and older, the opportunity to benefit from day opportunities with sectors already established in the provision will invariably help reduce any potential adverse impact related to changing where and how services are delivered.

### **7.4 Consultation**

In line with the regional review recommendations the Trust established a multi-disciplinary project group to support its day care service review and the re-modelling of day opportunities. The terms of reference for the group were drawn from the regional recommendations.

The proposal to merge Day Services in West Belfast emanated from the implementation of the Regional model of service delivery and placement profiling by staff for service users in each Day Centre facility. The review clearly indicated potential capacity and future demand. Any planning will remain mindful of the person centred approach to change and so any potential adverse impacts will be mitigated.



The Trust will engage directly with service users and representative groups as part of the formal consultation process to discuss and gather information to inform a comprehensive assessment of impact.

The Trust is committed to taking account of all the information, views and opinions from all stakeholders to assist in the decision making process. The Trust's consultation strategy proactively targets key stakeholders using a variety of consultation tools such as facilitated discussions, easy to read documents, briefings, workshops and public meetings. The Trust will use a variety of existing forums e.g. the Trust's carer's reference group and each of the day centre's carers group and service user's forum - to ensure that the views of key stakeholders such as disabled and older service users and their carers are heard.

The Trust will ensure that any agreed changes to Day Services for individual users with a learning disability will be appropriately communicated. Accessible communication including the use of advocates will be a cornerstone of the implementation of the decision agreed.

#### **7.5 Management of Transition**

The Trust acknowledges that any change in service delivery can be daunting but particularly so for people with learning disabilities. The Trust wishes to reiterate that it is committed to supporting service users. If a service user requires buildings based services, these will still be provided. Following an individual assessment which is person centred, the range of opportunities available may be enhanced by offering meaningful activities in the community. The location of the support may change if buildings based support is deemed most appropriate. This will happen in partnership with the service user and his/her carers / family as appropriate.

The Trust is committed to basing changes on individual needs and recognises that the changes may require an incremental approach. Indeed the Regional Review of Day Opportunities indicated that the move to the new model of day opportunities could take 3-5 years to fully implement.

The Trust is committed to facilitating trial periods for service users wishing to change how they spend their day but who are not totally confident to do so, to undertake regular reviews of service user needs and to continue to provide transport as assessed.

In the Trusts [Corporate Plan 2013-2016](#) the Trust is committed to the further development of services which support people with a learning disability to enjoy and live full lives within their local communities and to promote independence through the provision of a range of family, carer, voluntary and statutory support services.

In line with the Equality Commission's guidance and the Trust's commitment to continuously improve, the Trust is committed to monitoring for any future adverse impacts in relation to this proposal.

## **7.6 Consideration of Mitigation for Staff**

In dealing with any reorganisation proposal the Trust is committed to ensuring that the process is characterised by openness, transparency, involvement, recognition and engagement with its staff and Trade Union Side colleagues. It will comply with all relevant employment and equal opportunities legislation when implementing any proposed changes.

The Trust has developed a Good Practice Guide on Consultation and Communication in relation to its Strategic Reform and Modernisation Programme. This guidance sets out the consultation and communication framework for the Trust, the essentials of public consultation and details the staff and equality considerations to be undertaken by Managers. It will be applied to this process and the general principles are:

- Staff will be kept fully informed and will be supported during this process
- The principles of fairness, dignity and equity of treatment will be applied in the management of people undergoing these changes
- Training and retraining opportunities will be provided to assist staff who move to new roles and responsibilities.

In relation to this proposal, if approved, the Trust will ensure that staff are fully supported throughout the process of change and will put in place a range of support mechanisms which can be tailored to the specific needs of individual staff. These will include, as appropriate, individual staff support, induction, training and re-skilling, application and interview preparation if required, and advice and guidance on Human Resource policies and procedures.

## **7.7 Staff Relocation / Redeployment**

The Trust in partnership with Trade Union side will consider how it will minimise any adverse impact on the workforce resulting from this. This will be dealt with in accordance with the Trust's agreed Framework on the Management of Staff affected by Organisational Change and the Staff Redeployment Protocol. The Trust is committed to engaging and consulting fully with staff throughout the consultation process and thereafter.

The Trust recognises that the predominantly female workforce may have caring responsibilities and particular needs. It will give consideration to the provision of different work patterns and/or arrangements to facilitate employees' personal circumstances, wherever possible, whilst ensuring efficient and effective service delivery. This will be facilitated through the Trust's range of work/life balance policies and flexible working arrangements developed in partnership with Trade Union Side.

Any requirements for reasonable adjustments for staff with disabilities will be facilitated in line with the Trust's Framework on the Employment of People with Disabilities.

### **7.8 On-going Monitoring and Review**

The Trust is committed to ensuring that all of the reorganisation requirements and outcomes associated with this proposal will be closely monitored to ensure that individual staff are fully supported and effectively integrated as appropriate into any new structures, working arrangements or new job roles.

### **7.9 Partnership Approach**

The Trust will ensure the effective management, implementation and review of the process at every stage. It will ensure a partnership approach with Trade Union side to achieve an effective transition to the new arrangements in line with the appropriate Frameworks referred to above.

## **8. Formal consultation, publication and monitoring**

The public formal consultation on the proposal will commence for 12 weeks on **3rd September and be completed by 26<sup>th</sup> November 2015**. Any group or individual wishing to participate is invited to obtain a copy of the consultation document from the Trust website, <http://www.belfasttrust.hscni.net/> or from the Trust's Equality Department.

Responses to the Consultation paper and this EQIA can be made using the questionnaire found in this document on page 56. Before you submit your response, please read information regarding the Freedom of Information Act 2000 and the confidentiality of responses to public consultation exercises on page 58.

In the interests of accessibility this document can be made available in a range of alternative formats. For further information regarding the EQIA please contact:

Orla Barron  
Health & Social Inequalities Manager  
1st Floor, McKinney House  
Musgrave Park Hospital  
Stockman's Lane  
Belfast BT9 8JB

Tel: [REDACTED]  
Text Phone: [REDACTED]

E-mail: [orla.barron@belfasttrust.hscni.net](mailto:orla.barron@belfasttrust.hscni.net)

### **8.1 Formal Consultation**

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

- A letter will be issued to relevant Consultees listed in the Trust's Equality Scheme
- A copy of this report will be posted on the website
- A public meeting will be convened for interested stakeholders
- Use of advocates
- The report will be made available, on request, in alternative formats including easy read, Braille, disk and audio-cassette and in minority languages for those who are not fluent in English.

**The closing date for responses is: 26<sup>th</sup> November 2015**

### **8.2 Publication**

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

### **8.3 Decision of the Public Authority**

The Trust will take into account the consultation carried out in relation to this EQIA before a final decision is made. This is in keeping with the Trust's Equality Scheme ... "In making any decision with respect to a policy adopted or proposed to be adopted, we take into account any assessment and consultation carried out in relation to the policy." (Paragraph 3.2.11 refers).

When the formal consultation process is concluded, all feedback will be considered and submitted to Trust Board in the form of a consultation outcome report. This will inform any decision making or recommendation of the Trust Board.

### **8.4 Monitoring**

In keeping with the Equality Commission's guidelines governing EQIA, the Trust will put in place a monitoring strategy to monitor the impact of the Proposal for this service on the relevant groups and sub-groups within the equality categories. The Trust will publish the results of this monitoring and include same in its annual progress report to the Equality Commission for Northern Ireland.

If the monitoring and analysis of results over a three year period show that the impact of the change results in greater adverse impact than predicted, or if opportunities arise which would allow for greater equality of opportunity to be promoted, the Trust will ensure that measures are taken to achieve better outcomes for the relevant equality groups.

## How to have your say

The Trust intends to consult as widely as possible with all interested persons during the 12 week formal consultation period. To facilitate comments please complete the consultation questionnaire attached. However the Trust will accept comments in any format.

The closing date for this consultation is on 26<sup>th</sup> November 2015 and we need to receive your completed questionnaire or response on or before that date.

Responses in **writing** should be sent to:

Chief Executive  
Belfast Health and Social Services Trust  
C/o Corporate Communications  
Nore Villa  
Knockbracken Healthcare Park  
Saintfield Road  
Belfast, BT8 8BH or

**Email** your response to: [Stakeholdercomms@belfasttrust.hscni.net](mailto:Stakeholdercomms@belfasttrust.hscni.net)

**Before** you submit your response, please read page 58 regarding the Freedom of Information Act 2000 and the confidentiality of responses to public consultation exercises.

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

Name:  
Position:  
Organisation:  
Address:

I am responding:

- as an individual
- on behalf of an organisation (please tick)

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

## Consultation Questions

The **Regional Learning Disability Day Opportunities Model** published in April 2014 came about following widespread consultation.

Belfast Trust has proposed to merge **Day Centres** in West Belfast as its preferred proposal to re-shape the delivery of **Day Centre** services in order to implement the **Regional Learning Disability Day Opportunities Model** for people with a learning disability.

- 1(a) Do you consider Belfast Trust's proposals will help commence the implementation of the **Regional Learning Disability Day Opportunities Model**

- (b) Do you support the preferred proposal to merge **Day Centres** in West Belfast?

- (c) If you do not agree, please tell us your reasons why you do not support the proposal?

2. Is there any additional relevant evidence or information which the Trust should consider in assessing impacts of these proposals?

3. Are there any potential adverse impacts which might occur as a result of these proposals being implemented? If so please provide some supporting evidence?

4. Can you suggest any other mitigating measures the Trust could take to remove or minimise any potential adverse impact on service users/carers or staff?

5. Are there any Human Rights implications that the Trust should take into consideration?

### **Freedom of Information Act (2000) – Confidentiality of Consultations**

Belfast Trust will publish an anonymised summary of responses following completion of the consultation process; however your response, and all other responses to the consultation, may be disclosed on request. We can only refuse to disclose information in limited circumstances. Before you submit your response, please read the paragraphs below on the confidentiality of consultations and they will give you guidance on the legal position about any information given by you in response to this consultation.

The Freedom of Information Act gives the public a general right of access to any information held by a public authority, namely, Belfast Trust in this case. This right of access to information includes information provided in response to a consultation. We cannot automatically consider information supplied to us in response to a consultation as information that can be withheld from disclosure. However, we do have the responsibility to decide whether any information provided by you in response to this consultation, including information about your identity, should be made public or withheld.

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



## Appendix 1

### The Health and Social Care Commissioning Plan Direction (Northern Ireland) 2015 (No.1)

Requirements of the Commissioning Plan Direction stated within sections 3 (a), (b) & (c);

- To improve and protect population health and wellbeing and reduce health inequalities
- To promote the health and wellbeing of local populations
- To work collaboratively with communities and partner organisations to address the determinants of health
- To deliver high quality, safe and effective care in the most appropriate setting
- To facilitate people to live as independently as possible in the community
- To improve the patient and client experience
- To ensure that services are resilient and provide value for money in terms of outcomes achieved and costs incurred
- To act as a driver for improvements in quality, productivity, efficiency, effectiveness and patient and client outcomes
- To commission services in a cost effective manner

### The Health and Social Care Board and Public Health Agency – Commissioning Plan 2014/2015 (Draft 26<sup>th</sup> January 2015)

*Learning Disability Commissioning Priorities to be taken forward by Local Commissioning Groups during 2014/2015 include:*

- Delivery of Day Services in line with the **Regional Day Opportunities Model** (TYC Recommendation 67).  
(Pages 110 – 111)

### The Learning Disability Service Framework – Full Document (Revised Jan 15). HSCB

**Standards 14, 16 and 17:**

- **Standard 14**

Young people with a Learning Disability should have a transition plan in place before their 15th birthday and arrangements made for their transition to adulthood by their 18th birthday.

**Service User Perspective:**

*"I will have a transition plan in place before my 15th birthday."*

*"I will know the arrangements that are in place for when I leave school before my 18th birthday."*

▪ **Standard 16:**

Adults with a Learning Disability should be able to access support in order that they can achieve and maintain employment opportunities in productive work.

**Service User Perspective:**

*"I will be able to get support to help me find and keep a job."*

▪ **Standard 17:**

All adults with a severe or profound Learning Disability should be able to access a range of meaningful **Day Opportunities** appropriate to their needs.

**Service User Perspective:**

*"I will be supported to take part in a range of activities during the day."*

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3<sup>rd</sup> September 2015

Dear Consultee,

**A Consultation and Equality Impact Assessment on the Delivery of Mental Health Day Services for People Living in Belfast**

Belfast Health and Social Care Trust is sharing this consultation and equality impact assessment document on the delivery of mental health day services for people living in Belfast. The consultation document describes the way these services are currently provided and describes our vision of, and proposal for how this could be done in the future.

We are keen to hear your views on this and we are committed to taking the feedback we receive on board. The Trust recognises the wealth of experience and insight that service users, families, carers and representative organisations can offer about the delivery of responsive services. We also realise that we can only deliver change as we work in partnership with others.

To access the documents, please [click on the link](#). Alternative formats are available on request. If you are not able to access the documents electronically and wish for a hard copy, please contact [redacted] Health & Social Inequalities on [redacted]

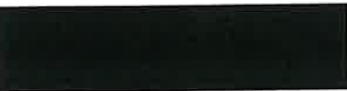
We will also be pleased to facilitate meetings with interested individuals or groups about our proposals.

**Our formal consultation begins on 3<sup>rd</sup> September 2015 and will close on the 26<sup>th</sup> November 2015.** The consultation document has a proforma included within the overall document – you can write to us or email us.

Responses **in writing** should be sent to:  
Chief Executive  
Belfast Health and Social Services Trust  
C/o Corporate Communications  
Nore Villa  
Knockbracken Healthcare Park  
Saintfield Road  
Belfast, BT8 8BH or  
**Email your response to:** [Stakeholdercomms@belfasttrust.hscni.net](mailto:Stakeholdercomms@belfasttrust.hscni.net)

We look forward to hearing from you.

Yours sincerely



**Michael McBride**  
Chief Executive



Belfast Health and  
Social Care Trust

caring supporting improving together

## A Consultation on the Delivery of Mental Health Day Services for People Living in Belfast



### Consultation dates:

3<sup>rd</sup> September 2015 - 26th November 2015.



Support & care, promotion & support, community, working & development, 2015-2015

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## **A Consultation on the Delivery of Mental Health Day Services for People Living in Belfast**

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### **Availability in other formats**

If you have any queries about this document and its availability in alternative formats then please contact:

Orla Barron  
Health & Social Inequalities Manager  
1<sup>st</sup> Floor, McKinney House  
Musgrave Park Hospital  
Stockman's Lane  
Belfast BT9 7JB  
Tel: [REDACTED]  
Textphone: [REDACTED]  
E-mail: [orla.barron@belfasttrust.hscni.net](mailto:orla.barron@belfasttrust.hscni.net)

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## 1.0 About this consultation

- 1.1 We are consulting on proposals to change the way Mental Health Day Services are delivered in Belfast.
- 1.2 In recent years, there has been significant reform of mental health services in line with the Bamford Review of Mental Health and Learning Disability (2007); with services aiming to promote empowerment, choice and recovery for those with mental health needs. Belfast Trust Mental Health Services are committed to working in partnership to deliver quality services which facilitate personal recovery and support and sustain individuals with mental health problems to live as full a life as possible. This consultation offers a proposal to modernise the way we currently deliver our Mental Health Day Services in Belfast.
- 1.3 The consultation begins on Thursday 3 September 2015 and ends 26 November 2015. The views expressed during the consultation will be presented to Belfast Health and Social Care Trust Board on 14 January 2016.
- 1.4 We welcome comments and suggestions on our proposals from service users, their carers' and families, our staff and partner agencies and anyone with an interest in the delivery of mental health services.

## Why we're consulting

- 1.5 Trust Mental Health Day Services have been traditionally centre-based and designed to meet people's needs by providing meaningful daytime occupation in specific facilities. This has included programmes which focus on managing daily living tasks, social support and relationships, as well as those that address learning, education and work aspirations.
- 1.6 Whilst there have been worthy developments within Day Services in recent years, throughput has remained static and demand continues to reduce. We think therefore that the limited available funding should be used differently and also used to support services for people, rather than buildings. Current Day Services are locally based but they have not always facilitated the inclusion of individuals with mental ill-health into their local communities. We know that many of our service users, especially young people under 30, do not make use of our current Day Services, as they see them as out of date, with little to offer. Early discussions with our service users, their families, our staff and partner agencies, have highlighted agreement on the need to make changes to the way we deliver our mental health services.
- 1.7 This consultation is about changes to the way Mental Health Day Services are currently delivered at:
  - Ravenhill Adults' Centre
  - North Belfast Day Centre at Everton
  - Satellite service at Whiterock Centre (2-days per week)



- 
- 1.8 Our vision for the way forward is to move away from a traditional day centre-based service to a model of wider day opportunities and support which will enhance individual recovery, prevent isolation and support individuals to access what they want, in their local communities promoting greater independence and active citizenship.

### **Proposals**

- 1.9 In this document you will find our vision for the new Day Opportunities Service along with a series of proposals about how we are considering going about this.
- 1.10 We want to hear your comments on our vision and proposals and would also like to know if you have any other suggestions on how services should be delivered.

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## 2.0 Why things are changing

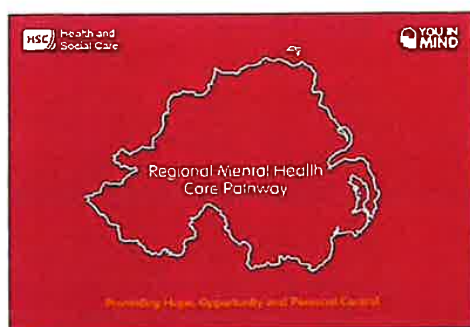
### Our Vision

2.1 Our vision is that services for people who need Mental Health Day Opportunities need to better promote and support:

- ❖ Hope
- ❖ Opportunity
- ❖ Choice
- ❖ Partnership with and participation of:
  - ✓ Service Users
  - ✓ Families and Carers
  - ✓ Communities
  - ✓ Partner agencies
- ❖ Improved quality of life, health and well-being
- ❖ Positive outcomes for individuals to support personal recovery goals and based on individual need

2.2 Our vision is to more fully promote recovery, integration and social inclusion, by improving social and day to day functioning and by facilitating access to other meaningful day time activities, education and employment. The service will provide intensive support, for a time-limited period, determined by individual need. We believe we need to move away from delivering support in day centres. Instead the focus will be on service users and staff working together to develop and implement personal recovery plans, and utilising activities and resources available through a range of agencies; statutory, voluntary and community based.

2.3 **'You in Mind': The Regional Mental Health Care Pathway**, co-produced by the Health and Social Care (HSC) Board, HSC Trusts Mental Health Services and Service Users, was launched in October 2014 by the Health Minister as the way forward for the creation and delivery of highly personalised and recovery orientated treatment and care. This partnership approach between service users and care providers emphasises key principles for all services, including Day Opportunities, going forward. These include:



- ✓ Hope
- ✓ Partnership
- ✓ Personal participation
- ✓ Input into all key decision making
- ✓ Confidence in the support provided
- ✓ Better outcomes which enable personal recovery

PAGE 5

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2.4 **The Bamford Review of Mental Health and Learning Disability (2007)** challenged mental health services to modernise and make their services more focused on the needs of those who use them. With reference to Day Services, this review recommended that:

- ✓ a continuum of options be made available
- ✓ service users should be offered choice in relation to occupation, education and training opportunities
- ✓ services should be needs led and flexible in the support they provide
- ✓ services should aim to maintain and improve social networks and social inclusion
- ✓ services should use mainstream community services and facilities
- ✓ effective links should be made with voluntary organisations to expand opportunities for individuals with complex mental health needs.

2.5. **From Segregation to Inclusion: Commissioning Guidance on Day Services for People with Mental Health Problems (2006)** tells us that despite a significant amount of money being spent on Day Care Services, many of our service users remain socially isolated and excluded from the communities in which they live. This guidance challenges us to provide services which:

- ✓ promote inclusion rather than maintaining exclusion
- ✓ are individualised and flexible: not limited to mental health buildings
- ✓ are accessible to those most in need
- ✓ are choice-led and peer supported.

2.6 **The Implementing Recovery through Organisational Change (ImROC)** programme is being undertaken in all Statutory Mental Health services in Northern Ireland and widely throughout the U.K. and Ireland. This programme is driving innovation in mental health services, with **partnership, co-production with service users and carers and active citizenship** as key principles for the way forward. Mental health services in the Trust continue to innovate and modernise informed by what our service users are telling us is important to them.

2.7. Developments in the Trust's wider Mental Health Service which impact on the Day Opportunities Service include:

- ❖ focusing on assertive outreach and community support to help individuals live and integrate in their local communities
- ❖ providing intensive rehabilitation and re-ablement services
- ❖ extending services hours of operation beyond the traditional Monday-Friday, 9-5
- ❖ developing a Recovery College, where service users, staff and carers come together as students to learn. The college aims to support people become experts in their own self-care and for families, friends, carers and staff to better understand mental health conditions and support individuals in their recovery journeys

- 
- ❖ Employing Peer Support Workers, those with lived experience of mental health problems, to the workforce to support the change to the delivery of recovery focused services.

2.8 With this wider backdrop of modernisation and development we see this as an exciting time to re-design our Day Opportunities. We want to create a service which offers our service users more choice; which helps individuals to develop and improve their quality of life; which supports our wider mental health services in the delivery of needs-led and flexible care; and supports personal social, vocational and employment goals.

### **What people have told us**

2.9 The activities currently undertaken in our Statutory Day Centres include:

- Support from staff and peers
- Information and advice
- Leisure and recreational activities
- A small number of therapeutic interventions
- Practical activities e.g. arts and crafts, gardening

2.10. We know however that in our current Day Centres there is limited focus on:

- Developing skills for moving on in the recovery journey
- Opportunity to mix with individuals outside of mental health services
- Inclusion with local community activities
- Help to get a job or return to work

2.11 Discussions with our service users and their families have highlighted the importance of social networks and of having something meaningful to do during the day:

*'I need to have the opportunity to meet with people and not be isolated by my illness'*

*'The opportunity to meet up with others and actually get out of the house is a lifeline for my son; the support he and others receive is what is needed going forward'*

*'It is the staff that helped me during the really difficult times and helped me in my recovery'*

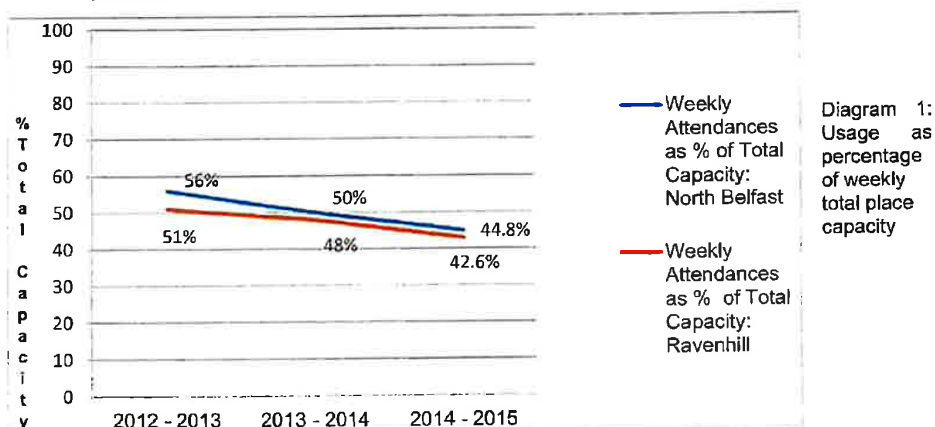
2.12 Discussions with our staff have also highlighted that current day services do not provide what their patients and service users want or need:

*'Few of my patients want to attend a day centre...they find it institutional and prefer the opportunity to get out and about with support in their local communities'*

2.13 We have held pre-consultation meetings and discussions about this review with a wide range of interested parties, including our current day centre service users, service users in the wider mental health services, carers, our staff, service user / carer advocates, our Trade Union colleagues and our partners in the community and voluntary sector. We recognise that there are differing views about the way forward for mental health day services and we have taken cognisance of these discussions in the development of our proposals. We plan to continue to consult widely with all key stakeholders, including our local elected representatives and encourage all those with an interest in mental health services to make comment on our proposals so that we can ensure we are delivering person-centred and needs led care.

### Fewer people using the services

2.14. Currently, Trust Day Services are being **significantly under-utilised**, with less than half of the available places being used across the centres in Belfast (Diagram 1). Over the past 3-years, **referrals to the three centres have also been reducing**, with a total of **55** referrals made in the April 2014 – March 2015 period, compared to **113** referrals made in the April 2010 – March 2011 period.



### Review of Existing need

2.15 Review of individual needs is an on-going process in Day Services, completed usually every 6-months and at least annually. Looking at our current Day Services attendees, in light of this consultation, we found that around 75% could, with appropriate support "graduate" and move on from existing Statutory Day Centre based care, to a much more personalised approach. We believe this would promote independence and active citizenship and could be achieved by utilising support from a range of agencies, including a different level of Day Services support which we contract from the Community and Voluntary Sectors. The role of the Community and Voluntary Sector is explained in more detail below.



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### **Increased choice: strong partnerships with the community and voluntary sector**

- 2.16 Belfast Trust, has since its inception, always worked in partnership with Community and Voluntary Sector providers such as Action Mental Health, NIAMH (Northern Ireland Association for Mental Health) and Mindwise for the provision of Day Opportunities as well as more traditional Day Centre care. Referrals from our services and self-referrals to these organisations **have increased in recent years**, because our service users are choosing the work preparation, training, vocational qualifications, leisure activities and flexible support these services can offer.

### **Beyond buildings: moving away from centre-based care**

- 2.17 Building-based services are often, by their nature, limited in flexibility. Individuals have told us that they want to use Day Opportunities in different ways and for different reasons. The "one size fits all approach" is no longer appropriate for most service users who want to move towards more flexible models of service provision.
- 2.18 We also want to be less reliant on building-based services because some groups are poorly represented within traditional day centres. Our Equality Impact Assessment shows that young people and women are not availing of our current services. This is often because building-based services do not meet individual choices and personal needs.
- 2.19 We want to develop our Day Opportunity Services to be based on individually tailored recovery plans which work on the issues that are important to our service users; not fitting our service users into groups which are running at building-based centres. We plan to make our future services better integrated within our local communities and to support our service users in accessing the same opportunities as every other member of society.
- 2.20 Our service users have told us that many of them attend our current Day Services to meet with friends and receive support from their peers and staff. We will include this as a key aspect of our future services, recognising the benefits of social connectedness. A significant number of people have told us however, that they do not like going to places that are only for people with mental health problems and they tell us that centre-based Day Care continues to actively stigmatise service users.

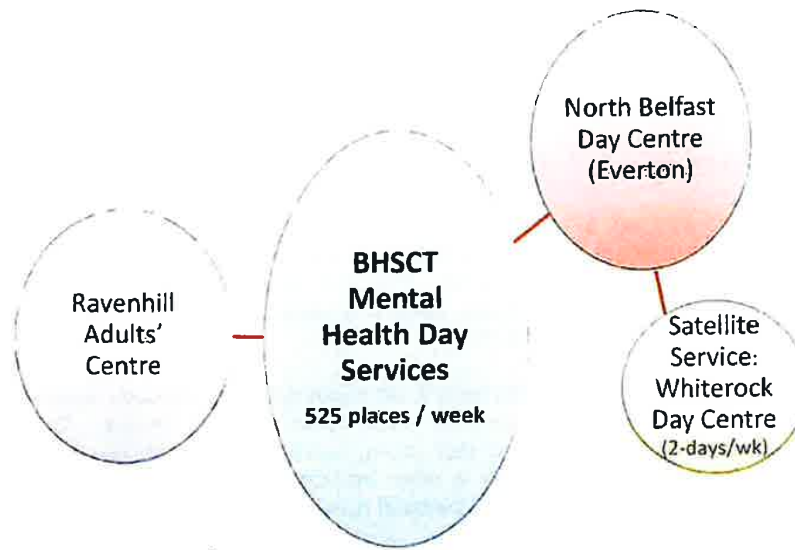
### **Personalisation**

- 2.21 With the introduction of Direct Payments and Self Directed Support service users and their carers now have further options regarding how Day Opportunities are provided to individuals in the future. Such personalised approaches enhance choice and maximise independence.

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### 3.0 How we currently provide mental health day opportunities

- 3.1. Belfast Trust currently provides mental health day opportunities from three centres:



- 3.2. In addition, we commission day care places with Mindwise and Northern Ireland Association of Mental Health (NIAMH) and vocational and educational training from Belfast New Horizons Action Mental Health. These providers deliver a range of individualised recovery based programmes. In recent years, monitoring shows increased service user preference for these services and increased referral rates from our mental health staff to these community and voluntary sector providers. The providers have told us that there is capacity to expand within these services and we intend to look at this in partnership with them in the wider context of this review. We intend to continue to develop this partnership work, ensuring value for money and support for innovation.

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## 4.0 Proposals for future delivery

- 4.1. In this section you will find our proposals for how we believe we should deliver Mental Health Day Opportunities in Belfast in the future.
- 4.2. We want to find out:
  - What you think of our vision and proposals for delivering Mental Health Day Opportunities in the future;
  - How you think your life would be affected if our proposals were adopted;
  - If you have any other suggestions on how we should deliver Mental Health Day Opportunities in the future.
- 4.3. As a publicly funded body we are also obliged to ensure that we obtain value for money (both for our own service and for those we contract from Action Mental Health, NIAMH and Mindwise). This a particular challenge when resources are limited and there are competing priorities. Because fewer Service Users currently access statutory centre based day services and there is under-utilised capacity we must consider how best we use our resources including our contracts with Community and Voluntary Sector partners.
- 4.4. Because of these factors, we know that it will not be viable to operate Trust services from two main sites and one satellite site in the future. We recognise this will have an impact on existing service users so we want to hear your views on how you see our new model meeting everybody's needs in the future.
- 4.5. The Trust values and recognises that it is through our staff that the organisation delivers high quality care. The Trust is fully committed to supporting staff through periods of change.
- 4.6. The proposal outlined in this paper will impact on the staff currently providing day centre services within North Belfast, Whiterock and Ravenhill. It is likely to require reskilling or relocation and redeployment of staff. A total of 31 staff are currently employed within the Centres in the areas of social work, social care, administration and support services.
- 4.7. The Trust is committed to engaging and consulting fully with these staff utilising the Trust's agreed Framework on the Management of Staff affected by Organisational Change and the Staff Redeployment Protocol. The Trust will ensure that staff are fully supported throughout the process of change and will put in place a range of support mechanisms including, as appropriate, individual staff support, induction, training and re-skilling.
- 4.8. The vision and proposals detailed in this document need to be considered in the context of the other services on offer in Belfast, including the day opportunities provided by our community and voluntary sector partners.



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## Our Vision



- 4.9. Our vision for the future is to provide Day Opportunities and not Day Centre Services. The Day Opportunities model will promote recovery, integration and social inclusion, to improve social and day to day functioning and to facilitate access to other meaningful day time activities and employment. The Day Opportunities service will provide intensive support, for a time-limited period, focused on those most in need. Delivering support in a centre-based approach will be phased out over time, beginning with the concentration of all Day Opportunities services on one site, at Ravenhill. We plan to reconfigure the building at Ravenhill to become a Recovery Centre. We have chosen this as it is a purpose-built, well-maintained unit, with the space capacity for other services to be co-located.
- 4.10. The focus of the Day Opportunities Service will be on service users and staff working together to develop and implement personal recovery plans, utilising activities and resources available through a range of agencies. Statutory Day Opportunities will work in partnership with community and voluntary sector agencies to provide a continuum of choice for service users.
- 4.11. We will bring together a number of existing and planned services into a recovery centre in central Belfast. The Trust currently employs a team of Peer/Community Support workers and we would envisage the Recovery Centre will become a base for their services. With the adoption of the Day Opportunities model we envisage expanding this team as they will become

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more pivotal in delivering personal recovery plans for Service Users. The Recovery Centre will also act as a focal point for other Recovery activities, including community and voluntary sector partners who will be pivotal in providing Day Opportunities, including personal development, vocational skills and employability programmes.

- 4.12. We also envisage the Recovery Centre being the base for the Belfast Recovery College where co-produced training and development programmes will be delivered to Service Users and Staff. The small permanent staff of the College will also be based there. We would also like to explore with our Service Users how we could also utilise the Recovery Centre as a base for Service Users support organisations, such as LAMP, in order to maximise the opportunities for Service Users to co-develop and maintain our recovery services.

### **Our proposals**

- 4.13. Recognising that changes to the current Day Services model may be difficult for those individuals who have been attending services for a long time; and that it will take time for the wider development of mental health services to be completed, we are proposing a stepped approach to the creation of Mental Health Day Opportunities service.
- 4.14. The Trust at this time does envisage reducing current day centre based service capacity to focus on those most in need. We will provide such services for the duration individuals require a day centre service, which will work on promoting quality of life, independence and social inclusion and access pathways to other resources and organisations. We will ensure that each and every one of our current service users' needs is reviewed, individualised recovery plans are drawn up in partnership with them and their families/carers and support is provided where people are moving on. Where individuals require continued centre-based care, we will support them in the transition to the Day Opportunities model and in the longer-term to access services best meeting their needs.
- 4.15. We realise that this may mean a significant change for our current service users. **We will ensure that each service user has a robust individualised assessment of their current needs and we will work with them to devise their personal recovery plans for the way forward.** We will work with and support our service users, whose needs are currently met by on-going centre based care, and their families and carers, in any transition that is required, ensuring that they can avail of a service best matched to their needs. For our existing day centre service users in North Belfast (Everton) or Whiterock, should there be a change in location of where they usually attend, the Trust will **consider providing transport solutions for a limited period of time based on individual need.**
- 4.16. We believe this model will better meet the demand for Day Opportunities and allow us to focus our staff and resources on better meeting the needs of our

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service users rather than on maintaining multiple buildings. We also believe that this model will allow our service to be more flexible and socially inclusive.

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## Proposal:

### Stage 1 – Short Term 6 months to 24 months

*Continue to develop strong partnerships with the community and voluntary sector and other agencies to offer choice and a continuum of day opportunity provision for service users*



- 4.17 This will be the first step in our modernisation plan and transition from traditional statutory day services provision to the Day Opportunities model. The Recovery Centre at Ravenhill will provide both an administrative base for staff to develop the Day Opportunities model and room space for individual and group programmes as required. Satellite sites in North/West and South/East Belfast will be sought in local communities and used as a base from where the Day Opportunities Services can be delivered or as a meeting point for accessing other community resources. We plan to reconfigure the building at Ravenhill to become a Recovery Centre. We have chosen this as it is a purpose-built, well-maintained unit, with the space capacity for other services to be co-located.

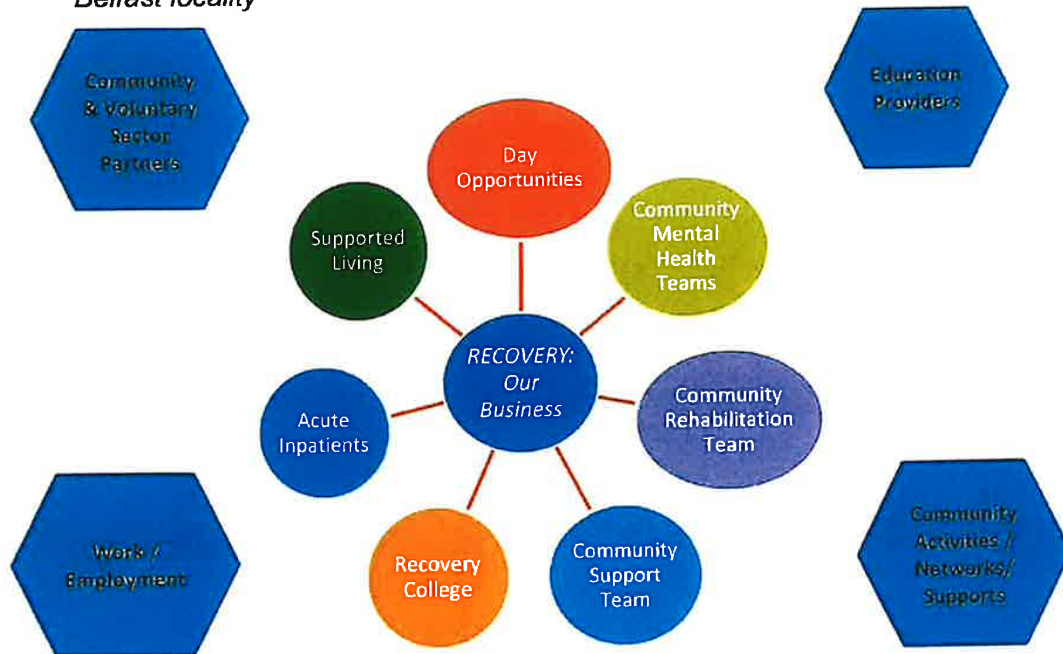
- 
- 4.18 Working from the premise of meeting what our service users need, each person will have an individualised recovery plan designed to maximise Day Opportunities and developed in partnership with them. Recovery plans may involve attending the central Recovery Centre, attending satellite services or focusing more on individual or small group work in the community.
- 4.19 In developing this new model, we will work closely with our service users and their families and carers and our staff, from right across mental health, to ensure our service delivers what is needed in supporting social inclusion and quality of life. For our new service, we will focus our attention on encouraging service users to work with us on the design of our service and with our staff on helping them to assist their service users in making the right choices for day opportunities.
- 4.20 Partnership working will be key to the success of our Day Opportunities Service. We will aim to offer service users' choice of day opportunity provider based on their own preference and their level of need. The Day Opportunities service will be involved with individuals for a time-limited period determined by need; will assist our service users to develop the skills and confidence for going forward in their recovery journeys; and be an access point supporting individuals in moving on. We will work with our community and voluntary sector partners to ensure they are providing the services that best meet our service users' needs and will support them in being innovative and forward-thinking. We will develop robust referral pathways and transitioning arrangements with our community and voluntary sector partners. We will also consider how we might provide additional support for service users' by ensuring 'drop-in' services are part of the range of services offered.



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## Stage 2 – Medium Term 24 months-onwards

*Develop a Day Opportunities Service which moves towards a truly integrated, community-outreach model which has a base in a central Belfast locality*



- 4.21 We will continue to work with our wider mental health services, specifically the Community Rehabilitation Team, Early Intervention Team and Community Mental Health Teams to ensure our service supports their needs and is accessible to individuals with mental health problems that require Day Opportunities.
- 4.22 We aim to embed the integration and community outreach vision to ensure our service users are provided with opportunities to be fully included in their local communities and develop the skills and confidence for moving on to partner or mainstream agencies as they wish. We will also ensure that those who will require Day Opportunities in the longer term, receive a service which maintains their skills and abilities and provides an opportunity for social integration.
- 4.23 We aim to secure fit-for-purpose premises in central Belfast, which will be one bus ride for all of our service users and create a Recovery Centre, encompassing some of our community services and Recovery College under one roof. This would mean relocating the Ravenhill Recovery Centre to a site in the city centre. This site would be a multi-functional space for individual or small group work or a base from which service users and staff can meet before moving on to activities or resources in local communities.

## 5.0 An Equality Impact Assessment in regard to the consultation on Delivery of Mental Health Day Services for People living in Belfast.

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**Consultation from 3rd September 2015 - 26<sup>th</sup> November 2015**



respect & dignity



openness & trust



leading edge



learning & development



accountability

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**Availability in other formats**

If you have any queries about this document, and its availability in alternative formats then please contact:

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## 1. Introduction

This Equality Impact Assessment (EQIA) has been prepared by the Belfast Health and Social Care Trust (BHSCT) to assess the impact of the changes outlined within the Trust's Consultation Document – 'Proposals for a consultation on the Delivery of Mental Health Day Services for People living in Belfast.'

An EQIA is an in-depth analysis of a proposal to determine the extent of the impact on equality of opportunity for the 9 equality categories under Section 75 of the Northern Ireland Act 1998 and on the disability duties contained in the Discrimination Act 1995 (as amended). The EQIA also considers the human rights impacts on the proposal for the modernisation and delivery of mental health day services for people living in Belfast.

### How to get involved?

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

We are committed to improving the way we provide services for people and we need you to help us to do this. We believe that the people who use the service, their families, relatives, carers and communities and the staff who deliver the service are best placed to tell us what they think of the Trust's proposals and we are keen to involve these groups specifically in the process. We would like to hear your views as they are very important to us. The views of our staff are equally important to us.

**Deadline for comments will be: 26th November 2015.**

To facilitate comments please see Consultation and EQIA questions at the end of this document. Following consultation a summary report will be made available.

## 2. Statutory Context

There are three important areas of law which are considered relevant to and covered within this Equality Impact Assessment:

- Section 75 of the Northern Ireland Act 1998
- Disability Discrimination Act 1995 (as amended by Article 5 of the Disability Discrimination (NI) Order 2006
- Human Rights legislation.

These are now considered in detail:

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## 2.1 Section 75 of NI Act 1998

Section 75 of the Northern Ireland Act 1998 requires each public authority, when carrying out its functions in relation to Northern Ireland, to have due regard to the need to promote equality of opportunity between nine categories of persons, namely:

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

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

Belfast Health and Social Care Trust submitted its revised Equality Scheme to the Equality Commission for Northern Ireland (ECNI) on 1<sup>st</sup> May 2011. The Scheme outlines how the Trust proposes to fulfil its statutory duties under Section 75 and will duly implement the requirements of the Revised Guidance for Public Authorities on Implementation of Section 75. The Trust's Scheme was formally approved in October 2011 and henceforth, policies are screened to assess impact on the promotion of equality of opportunity or the duty to promote good relations using the following criteria:

- What is the likely impact on equality of opportunity for those affected by this Policy? (major / minor / none).
- Are there opportunities to better promote equality of opportunity?
- To what extent is the Policy likely to impact on good relations?
- Are there opportunities to better promote good relations?

Consideration is also given to the health and social inequality, disability discrimination and human right implications.

Further, the Trust gave a commitment to apply the above screening methodology to all policies and where necessary and appropriate to subject policies to further Equality Impact Assessment.

The Trust is fully committed to the promotion and safeguarding of Equality and Human Rights and will ensure the Equality and Human Rights implications are fully considered, assessed and incorporated as an integral part of this proposal and decision taken.

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## 2.2 Disability Duties

Under section 49A of the Disability Discrimination Act 1995 (the 'DDA 1995'), (as amended by Article 5 of the Disability Discrimination (Northern Ireland) Order 2006), Belfast Trust, when carrying out its functions must have due regard to the need to:

- Promote positive attitudes towards disabled people; and
- Encourage participation by disabled people in public life.

These 'Disability Duties' are a recognition of disabled people not having the same opportunities or choices as non-disabled people. Such limitations are often due to the attitudinal and environmental factors (such as the way in which services are designed or delivered), rather than limitations arising from a disabled person's disability.

## 2.3 Human Rights

The Trust is committed to the safeguarding and promotion of Human Rights in all aspects of its work. The Human Rights Act gives effect in UK Law to the European Convention on Human Rights and requires legislation to be integrated, so far as possible in a way that is compatible with the Convention rights and makes it unlawful for a public body to act incompatibly with the convention rights. Where a public authority has assumed responsibility for the welfare and safety of individuals, there is a particular duty to guarantee human rights

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.

The Trust is committed to upholding the principles of the UN Convention on the Rights of Persons with Disability 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.

The Trust is also mindful of the need to comply with international human rights instruments:

- International Covenant on Civil and Political Rights
- International Covenant on Economic, Social and Cultural Rights
- International Convention on the Elimination of All Forms of Racial Discrimination
- Convention on the Elimination of All Forms of Discrimination against Women

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- Convention against Torture and Other Cruel, Inhuman or Degrading Treatment.

In addition to these, there are European-level treaties including:

- European Convention on Human Rights
- European Social Charter
- Charter of Fundamental Rights of the European Union.

### 3. The Equality Impact Assessment Process

An Equality Impact Assessment (EQIA) is a thorough and systematic analysis of a policy, whether that policy is written or unwritten, formal or informal and is carried out in accordance with the section in the Guide to the Statutory Duties. Whilst an EQIA must address all 9 Section 75 categories, it does not need afford equal emphasis to each throughout the process – rather the EQIA must be responsive to emerging issues and concentrate on priorities accordingly.

An EQIA should determine the extent of differential impact upon the relevant groups and in turn establish if the impact is adverse. If so, then the public authority must consider alternative policies to better achieve equality of opportunity or measures to mitigate the adverse impact.

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

**The Trust believes it is appropriate in this instance to conduct a full EQIA in order to fully assess the equality and human rights implications of this proposal. In so doing the Trust has adhered to the ECNI guidelines in conducting this EQIA. Key Stage 1 of 'defining the policy' is covered in detail in the consultation document. This EQIA goes on to cover stages 2 to 5. Stages 6 and 7 will be completed at the end of the consultative process.**

**Table 1: ECNI Guidelines in conducting an EQIA:**

Key Stage	Description
Key Stage 1	Defining the aims of the policy
Key Stage 2	Consideration of available data and research
Key Stage 3	Assessment of impacts
Key Stage 4	Consideration of measures that might mitigate any adverse impact and alternative policies which might better achieve the promotion of equality of opportunity
Key Stage 5	Consultation
Key Stage 6	Decision/recommendation by the Public Authority and publication of report on Results of Equality Impact Assessment
Key Stage 7	Monitoring for adverse impact in the future and publication of the results of such monitoring



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## 4. Consideration of available data and research

In keeping with the Equality Commission for Northern Ireland Guide to the Statutory Duties and EQIA Guidelines, quantitative and qualitative data has been drawn from a number of sources. The following data sources were used to inform this Equality Impact Assessment.

### 4.1 Strategic Data Sources

**4.1.1** Positive mental health has been outlined as a priority area in Northern Ireland (**Investing for Health, DHSSPS, 2002**); **Promoting Mental Health. Strategy and Action Plan 2003-2008 DHSSPS, 2003**). The recovery approach will 'support people with a mental health need to plan and build a satisfying life, engaging in work or other meaningful activities and contributing to and participating in society (DHSSPS, 2009).

**4.1.2** In 2002, the DHSSPS initiated an independent review of mental health and learning disability law, policy and service provision, now referred to as the **Bamford Review**. The report of 2007 contained a number of recommendations aimed at improving mental health services across Northern Ireland.

Key recommendations from Bamford, which have informed the proposals for service improvement within the Belfast Trust, are outlined below. With reference to Day Services, this review recommended that:

- A continuum of options be made available
- Service users should be offered choice in relation to occupation, education and training opportunities
- Services should be needs led and flexible in the support they provide
- Services should aim to maintain and improve social networks and social inclusion
- Services should use mainstream community services and facilities
- Effective links should be made with voluntary organisations to expand opportunities for individuals with complex mental health needs.

**4.1.3 A 10 - 15 year action plan (Delivering the Bamford Vision; DHSSPS, 2009)** following through on the recommendations of the Bamford Review (DHSSPS, 2011) focuses on the provision of a range of effective recovery-based services that help people with a mental health problem to achieve and maintain their optimum level of functioning.

The recovery approach will support people with a mental health need to plan and build a satisfying life, engaging in work or other meaningful activities and contributing to and participating in society (DHSSPS, 2009).

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Based on the Bamford Review recommendations, the new proposed model of care is characterised by a revitalised and more socially inclusive day support services.

**4.1.4 From Segregation to Inclusion 2006 (Department of Health)<sup>1</sup>:**

This guidance was designed to assist commissioners of mental health services in the refocusing of day services for working-age adults with mental health problems into community resources that promote social inclusion and promote the role of work and gaining skills in line with current policy and legislation. It stated that the development of community-based services to replace the remote institutions of former years has meant that the vast majority of people with more serious mental health problems now live within their own communities. Although they may now be physically located within these communities, too often they remain apart from them: living, working and spending their leisure time in a range of specialist mental health provision. Such segregation limits both the opportunities available to people who experience mental health problems and the wider community's understanding of and ability to accommodate them. The guidance advocates that until people with mental health issues can participate fully, as equal citizens, with access to the same opportunities that most people take for granted, understanding and opportunity will remain limited, with all that this implies both for individuals and for the wider community.

**4.1.5 Mental Health and Social Inclusion 2009<sup>2</sup>:** This report found that "Social exclusion is an avoidable reality in the daily lives of many people with mental health problems. These people are among the most marginalised and stigmatised groups in our society. There is clear evidence that they may be excluded both because they have inadequate material resources and because they are unable to participate in economic or socially valuable activities. They may be isolated and excluded from social relations and the wider community, and excluded from basic civil and political processes". The report also highlighted that recovery does not just mean clinical recovery but also encompasses the notion of social recovery – and states that "Hope, a sense of personal control, and opportunity are key ideas relating to recovery."

**4.1.6 Fair Deal for Mental Health<sup>3</sup>:** This campaign was spearheaded by the Royal College of Psychiatrists and the basis of this project was about fairness and equality for people with mental ill health. One of the aims for the campaign was that "Recovery and rehabilitation should be integral to mental healthcare and treatment. A coherent policy based on recovery-orientated practice is needed for people experiencing long-term mental health problems".

**4.1.7 Implementing Recovery Through Organisational Change (ImROC) programme:** The Implementing Recovery through Organisational Change (ImROC) programme is being undertaken in all Statutory Mental Health services in Northern Ireland and widely throughout the U.K. and Ireland. This programme is driving innovation in mental health services, with partnership, co-production with

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<sup>1</sup> <http://www.rcpsych.ac.uk/pdf/Segregationinclusion.pdf>

<sup>2</sup> <http://www.rcpsych.ac.uk/pdf/social%20inclusion%20position%20statement09.pdf>

<sup>3</sup> [http://www.rcpsych.ac.uk/pdf/Fair%20Deal%20manifesto%20\(full%20-%201st%20July2009\).pdf.pdf](http://www.rcpsych.ac.uk/pdf/Fair%20Deal%20manifesto%20(full%20-%201st%20July2009).pdf.pdf)

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service users and carers and active citizenship as key principles for the way forward. Mental health services in the Trust continue to innovate and modernise informed by what our service users are telling us is important to them.

**4.1.8 'You in Mind': The Regional Mental Health Care Pathway**, co-produced by the Health and Social Care (HSC) Board, HSC Trusts Mental Health Services and Service Users, was launched in October 2014 by the Health Minister as the way forward for in the creation and delivery of highly personalised and recovery orientated treatment and care. This partnership approach between service users and care providers emphasises key principles for all services, including Day Opportunities, going forward. These include:

- ✓ Hope
- ✓ Partnership
- ✓ Personal participation
- ✓ Input into all key decision making
- ✓ Confidence in the support provided
- ✓ Better outcomes which enable personal recovery.

**4.1.9 Guide on Promoting Positive Attitudes and Encouraging Participation in Public Life:** The Equality Commission for Northern Ireland noted in 2007 in its guidance on the Disability Duties: Promoting Positive Attitudes and Encouraging the Participation of Disabled people in public life, that 'At present disabled people do not have the same opportunities or choices as non-disabled people. Nor do they enjoy equal respect or full inclusion in society on an equal basis. Often it is attitudinal and environmental factors (such as the way in which services are designed or delivered), rather than limitations arising from a disabled person's disability, which unnecessarily restrict a disabled person's ability to participate fully in society.'<sup>4</sup>

**4.1.10 DHSSPSNI Budget 2015/16**

**4.1.11 DHSS- Change or Withdrawal of Services: Revised Guidance on Roles and Responsibilities DHSSPS November 2014**

**4.1.12 ECNI Guide on Section 75 and Budgets**

**4.1.13 ECNI Guidance on the Disability Duties**

**4.1.14 Promoting Positive Attitudes and Encouraging the Participation of Disabled People in Public Life**

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<sup>4</sup><http://www.equalityni.org/ECNI/media/ECNI/Publications/Employers%20and%20Service%20Providers/DisabilitydutiesGuideforPAs2007.pdf>

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## 4.2 Local Data Sources

**4.2.1 Excellence and Choice in Adult Mental Health Services 2009<sup>5</sup>:** This consultation set out the Trust's strategic direction for day services. "The Trust believes that the current services provided through the day care centres do not adequately promote a recovery ethos. Services need to deliver activities which promote social inclusion and recovery i.e. education, training, employment and inclusive leisure activities. This approach needs to involve other agencies alongside health and social care. To achieve the above services need to move away from a solely centred based approach to delivering support to clients in their own communities.

**4.2.2 Excellence and Choice – Consultation on the Re-provision of Mental Health Services at Victoria Day Centre, January 2009<sup>6</sup> and Equality Impact Assessment Reform and Modernisation of Day Services – Victoria Day Centre<sup>6</sup>:** This paper highlighted the limitations that day centres provided in that 'historically Trust mental health day centres have typically provided a service to people with mental health difficulties that assist them to maintain their current level of mental health. These services have provided a range of task -orientated activities including contract work, shopping trips, arts and crafts that are designed to engage and occupy and provide an element of socialisation. Whilst many people enjoy these activities and the opportunity to meet with others with mental health difficulties, the current services have promoted maintenance as opposed to recovery and to a degree, reinforced dependency on the system'.

**4.2.3 "The Belfast Way":** A vision of excellence in Health and Social Care.

**4.2.4 "New Directions":** A conversation on the future delivery of Health and Social Care Services for Belfast.

**4.2.5 Emerging Themes** - Section 75 Inequalities Audit.

**4.2.6 Belfast Trust's Organisational Management of Change Framework**

**4.2.7 Corporate Plan 2013-2016**

**4.2.8 Equality Scheme** which incorporates the Trusts Human Rights obligations and disability duties.

**4.2.9 Not Just Health: Strategy to tackle inequalities**

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<sup>5</sup> [http://www.belfasttrust.hscni.net/pdf/Excellence\\_and\\_Choice\\_Adult\\_Mental\\_Health\\_Services.pdf](http://www.belfasttrust.hscni.net/pdf/Excellence_and_Choice_Adult_Mental_Health_Services.pdf)

<sup>6</sup>

[http://www.belfasttrust.hscni.net/pdf/Reform\\_and\\_Modernisation\\_Day\\_Support\\_Services\\_Victoria\\_Centre\(1\).pdf](http://www.belfasttrust.hscni.net/pdf/Reform_and_Modernisation_Day_Support_Services_Victoria_Centre(1).pdf)

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#### 4.3 Mental Health Day Service Provision

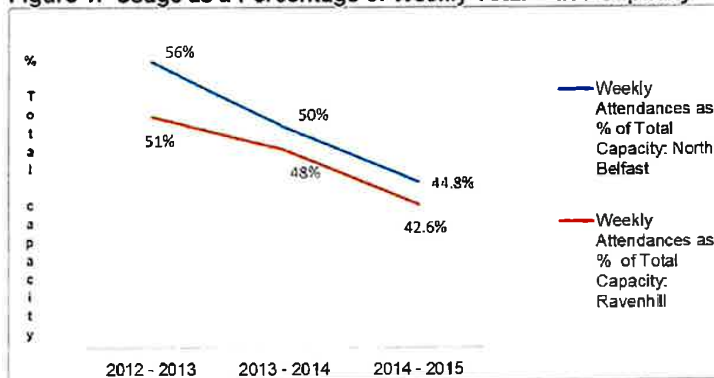
Belfast HSC Trust currently provides Mental Health Day Services in two primary centres, Ravenhill Adults' Centre and North Belfast Day Centre (Everton), with a satellite service in Whiterock Day Centre two days per week. Mental Health Day Services are offered to adults with mental health issues from 18-65.

Ravenhill and North Belfast operate five days per week, Monday to Friday and have capacity for 75 places per day and 50 places per day respectively. Whiterock has capacity for 25 places per day, Tuesday and Thursday.

Currently, Trust Day Services are being significantly under-utilised, with less than half of the available places being used across the centres in Belfast (Figure 1).

Over the past 3-years, referrals to the three centres have also been reducing, with a total of 55 referrals made in the April 2014 – March 2015 period, compared to 113 referrals made in the April 2010 – March 2011 period. The Trust at this time does envisage reducing current day centre based service capacity to focus on those most in need. We will provide such services for the duration individuals require a statutory service, which will work on promoting quality of life, independence and social inclusion and access pathways to other resources and organisations. We will ensure that each and every one of our current service users' needs is reviewed, recovery plans are drawn up in partnership with them and their families/carers and support is provided where people are moving on.

Figure 1: Usage as a Percentage of Weekly Total Place Capacity



#### 4.4 Population Profile: Belfast Health and Social Care Trust area

Figure 2: Belfast Trust area population by age

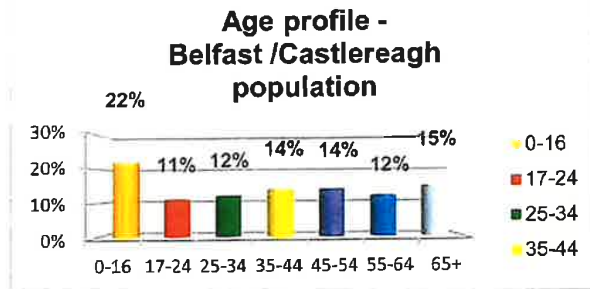


Figure 3: Current Service Users in North Belfast by age

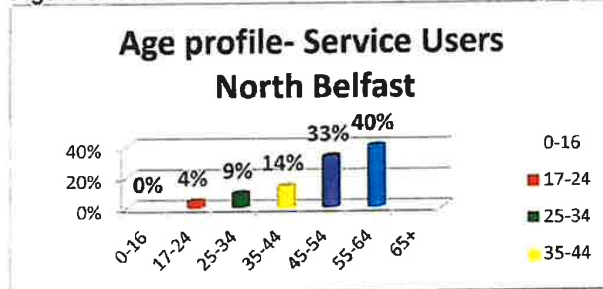


Figure 4: Current Service Users in Ravenhill by age

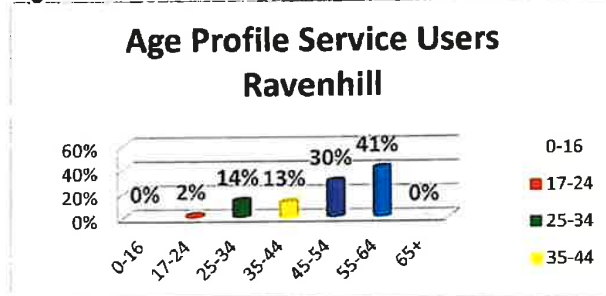




Figure 5: Current Service Users in Whiterock by age

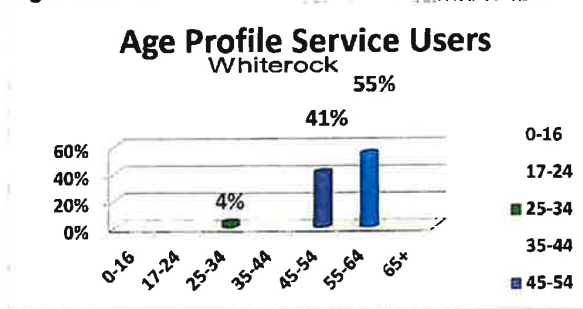


Figure 6: Overall age profile of people attending day centres across Belfast Trust

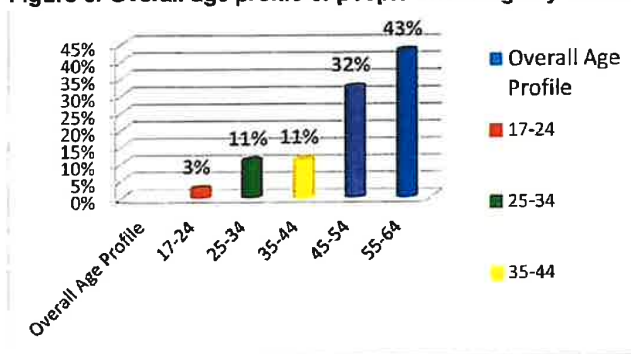
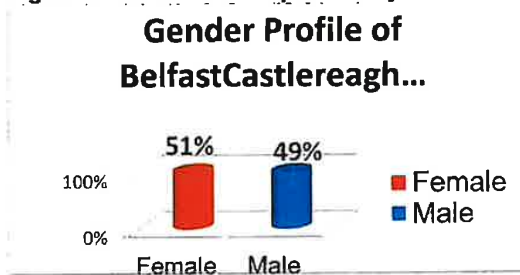
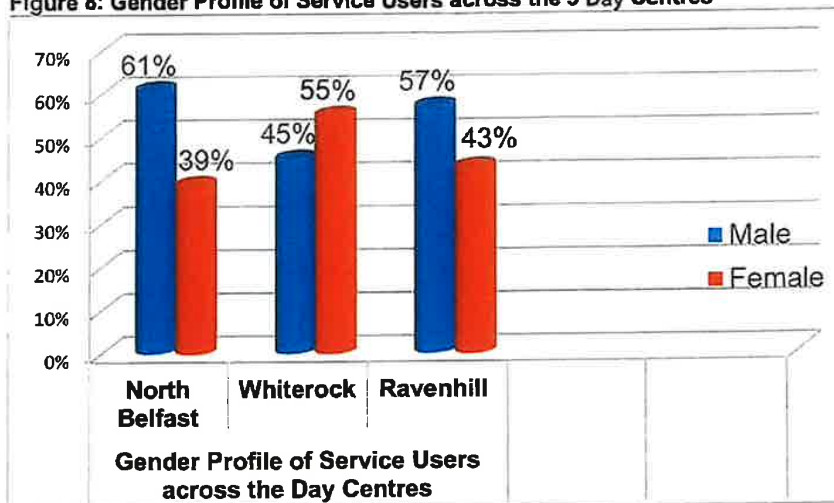


Figure 7: Belfast Trust Population by Gender



**Figure 8: Gender Profile of Service Users across the 3 Day Centres**



Overall Service Users are 57% male and 43% female. In comparison with the overall population as depicted in Figure 7, there is a disproportionate number of male service users.

#### **4.4.1 Disability**

The Disability Discrimination Act 1995 defines a disabled person as a person with "physical or mental impairment which has a substantial and long-term adverse effect on his ability to carry out normal day-to-day activities. Therefore all service users of mental health day services have a certain level of disability.

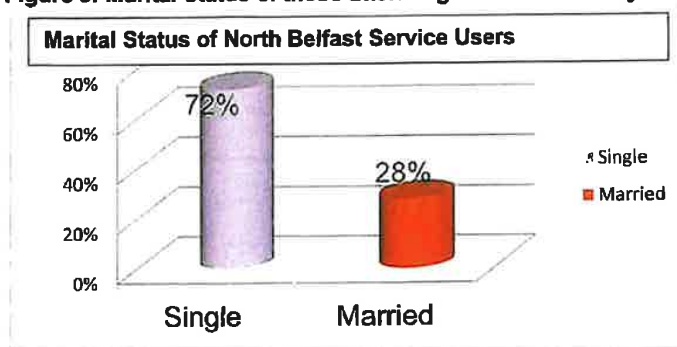
#### **4.4.2 Marital Status**

##### **Marital Status of Belfast Trust area**

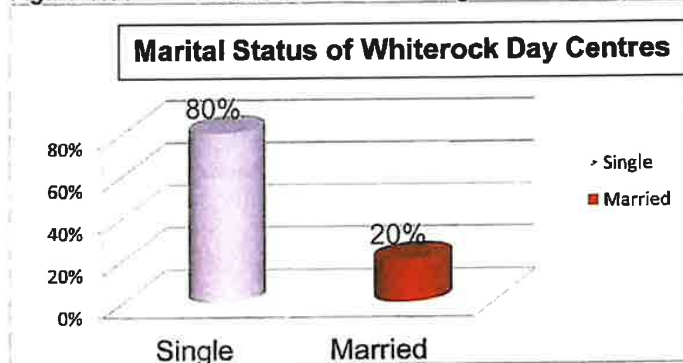
The 2011 Census shows that a relatively high percentage of Belfast residents are single at 46.60% compared with the NI average of 36.14%. Conversely there are fewer married people at 34.21% compared with the NI average of 47.56 %.



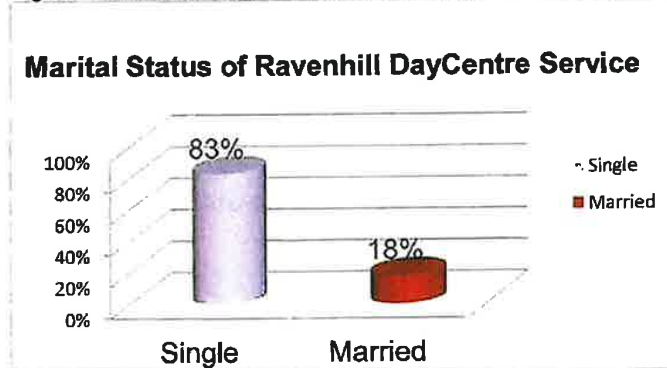
**Figure 9: Marital Status of those attending North Belfast Day Centre**



**Figure 10: Marital Status of those attending Whiterock Day Centre**

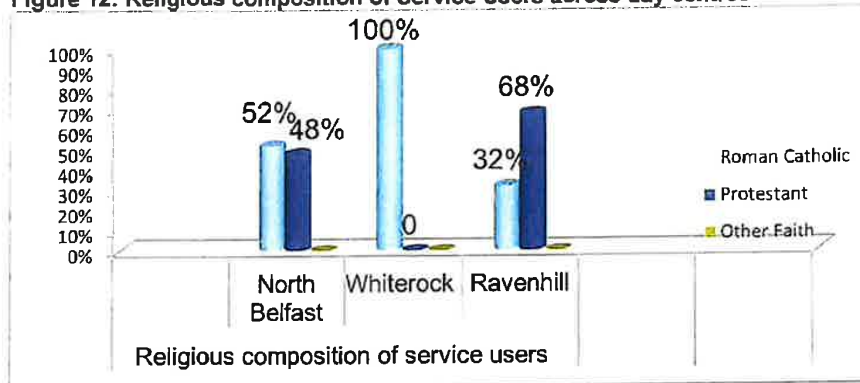


**Figure 11: Marital Status of those attending Ravenhill Day Centre**



#### 4.4.3 Religious Belief

**Figure 12: Religious composition of Service Users across day centres**



The Census 2011 figures show that the religious composition for Belfast is 41% Roman Catholic and 42% of the population are from the Protestant faith (Presbyterian, Church Of Ireland, Methodist or Other Christian). 17% of the population have identified as either a Buddhist, Hindu, Jewish, Muslim, Sikh, Other or none.

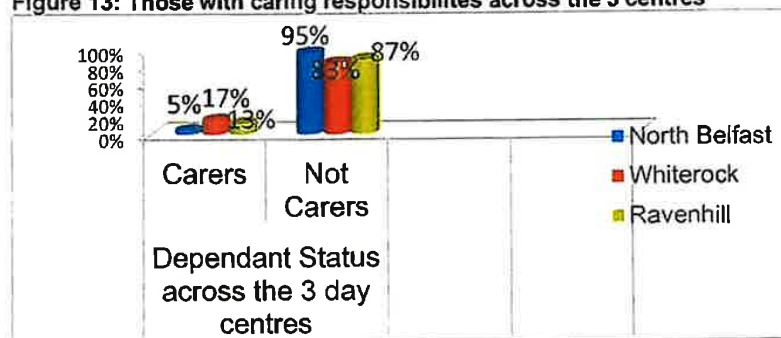
There are no service users with a faith other than Roman Catholic or Protestant across the day centres. This could be partly attributed to the very small proportion of service users who are from a BME community.

#### 4.4.4 Ethnicity

In terms of ethnicity, a significant majority of service users are white. The very low number of service users who are from a black, minority ethnic background have been considered in the equality impact assessment but the Trust will not publish them to safeguard anonymity.

#### 4.4.5 Dependant Status

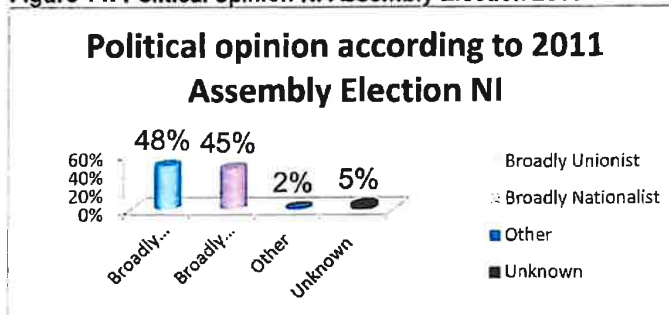
**Figure 13: Those with caring responsibilities across the 3 centres**



#### 4.4.6 Political opinion

Political opinion of service users is not routinely gathered. Historically there tended to be a correlation between religious belief and political opinion – however it can be viewed as a relatively tenuous association. In the absence of the political opinion of service users, the Trust has considered the Assembly Election 2011 figures as a proxy.

Figure 14: Political opinion NI Assembly Election 2011



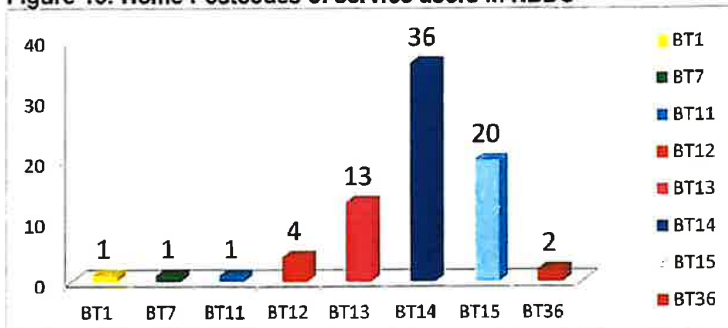
#### 4.4.7 Sexual Orientation

The sexual orientation of service users is not routinely gathered.

#### 4.4.8 Postcode analysis

A postcode analysis was completed in terms of where service users lived and where they availed of their current day service provision. For North Belfast Day Centre, the postcode analysis results are illustrated below:

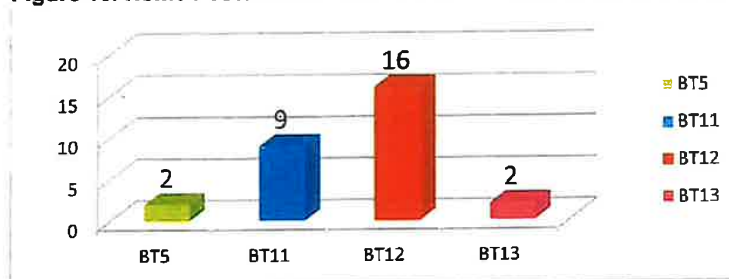
Figure 15: Home Postcodes of service users in NBDC



North Belfast Day Centre is located in BT 14. The majority of service users come from the vicinities around north and west Belfast, with a small percentage coming from Newtownabbey area (BT36). Whiterock is situated in BT12. In terms of current service users, the majority of come from BT12 and BT11 which are in the north west of Belfast and would be closest in proximity to the day centre. Some come from

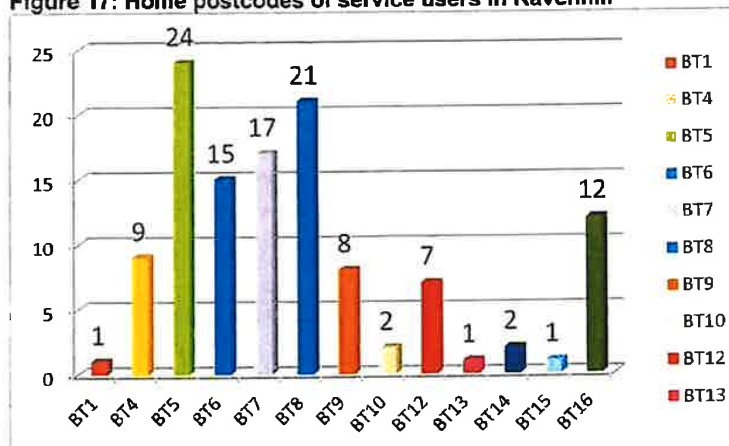
BT13 which is also in the locality whilst the remainder from BT5 which corresponds to east Belfast.

**Figure 16: Home Postcodes of Service Users in Whiterock Day Centre**

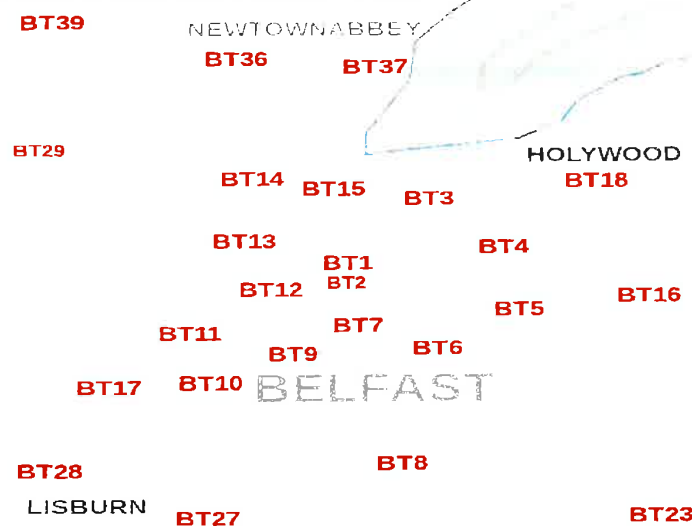


As regards Ravenhill Day Centre which is located in BT6, the majority of service users come from BT5 and BT8, and then largely from the postcodes BT6 and 7 – all of which are in south and east Belfast – however there would be a broader range of areas from which service users are coming than in comparison with the two other centres. There are some service users who come from the north and north east of Belfast.

**Figure 17: Home postcodes of service users in Ravenhill**



**Figure 18 illustrating Postcode areas in Belfast**



(Source: Wikipedia BT\_postcode\_area\_inset\_map)

#### **4.4.9 Multiple Identities**

Belfast Trust fully acknowledges that people can belong to several equality groups and thus have multiple identities. People with mental health conditions are not homogeneous nor are they defined by their mental health. As the aforementioned figures show –service users are diverse in their religious composition, their marital status, and their age and that is why a holistic person-centred approach is essential for service users in terms of their preferences, their aspirations and their recovery.

#### **4.4.10 Health and Social Inequalities**

The Trust is mindful that we provide services for Users from some of the most deprived areas in Northern Ireland:

- Belfast is the most deprived out of the 26 Local Government Districts (LGDs).
- Belfast has the highest concentration of disadvantage with 7 out of the worst 10 wards (3 North, 3 West, 1 Shankill) and 12 out of the worst 20 wards on the NI Multiple Deprivation Measure2 (NIMDM) 2010 (also known as Noble Measure).
- Belfast has 9 of the 10 worst wards in the region in relation to health deprivation.
- The most widespread disadvantage and deprivation exists in north and west Belfast.
- The Poverty and Social Exclusion project revealed the link between 'troubles' experience, deprivation and poor mental health. People with moderate and high

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troubles experience were almost twice as likely to live in multiple deprivation as people with no experience (controlling for age, gender, religion and family type). Similarly the high and moderate groups were at least twice as likely to have poor mental health compared to those with no experience of conflict<sup>7</sup>

## **5. Belfast Health and Social Care Trust: Staff Profile**

### **5.1 Trust Workforce**

The Trust values and recognises that it is through our staff that the organisation delivers high quality care. The Trust is fully committed to supporting staff through periods of change.

The proposal outlined in this consultation will impact on the staff currently providing day centre services within North Belfast, Whiterock and Ravenhill. It is likely to require reskilling or relocation and redeployment of staff. A total of 31 staff are currently employed within the Centres in the areas of social work, social care, administration and support services. This pool of staff is, in line with the Trust's overall workforce profile, predominantly female. There is a slightly higher proportion of Protestant employees and an older workforce profile evidenced.

### **5.2 How the Trust will manage the process of change**

The Trust is committed to engaging and consulting fully with all staff affected. The process will be dealt with in accordance with the Trust's agreed Framework on the Management of Staff affected by Organisational Change and the Staff Redeployment Protocol. The Trust will ensure that staff are fully supported throughout the process of change and will put in place a range of support mechanisms including, as appropriate, individual staff support, induction, training and re-skilling.

### **5.3 Equality Data**

Due to the small numbers of staff a detailed breakdown of equality data is not provided.

The profile of the staff providing the service has been compared below to the profile of all Trust employees to identify any adverse impact.

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<sup>7</sup> <http://www.poverty.ac.uk/>

**Table 2:**

Table 2: STAFF *@January 2015				
Equality Category	Groups	Quantitative Data		
		Trust workforce*	Staff affected	
1. <b>Age</b>	<25 25-34 35-44 45-54 55-64 65+	4% 24% 26% 29% 15% 2%	Due to the small number of staff affected quantitative data is not provided	An older workforce profile is evidenced with 60% aged over 45.
2. <b>Dependant Status</b>	Dependants No dependants Not known	22% 21% 57%		A higher level of staff with dependants than overall workforce profile.
3. <b>Disability</b>	Yes No Not known	2% 68% 30%		Broadly in line with overall workforce profile.
4. <b>Gender</b>	Female Male	78% 22%		In line with the overall workforce profile the majority of staff are female. Almost half of the staff affected (48%) work less than full time hours, the significant majority of whom are female (93%).
5. <b>Marital Status</b>	Married/ Civil P'ship Single Other/Not known	55% 33% 12%		Broadly in line with overall workforce profile.
6. <b>Race</b> a) Ethnicity	BME White Not Known	4% 80% 16%		Broadly in line with overall workforce profile.

b) Nationality	GB Irish Northern Irish Other Not known	15% 2% 1% 74%	8%	Limited data available.
<b>7. Religion</b>				
a) Community Background	Protestant Roman Catholic Neither	44% 50% 6%		Slightly higher proportion of Protestant employees.
b) Religious Belief	Christian Other No religious belief Not known	26% 7% 66%	1%	Broadly in line with overall workforce profile.
<b>8. Political Opinion</b>  * 2011 Assembly election	Broadly Nationalist Broadly Unionist Other Do not wish to answer/ Unknown	6% 7% 8% 79%		Broadly in line with overall workforce profile.
<b>9. Sexual Orientation</b>	Opposite sex Same sex or both sexes Do not wish to answer /Not known	39% 1% 60%		Broadly in line with overall workforce profile.



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## **6. Consideration of Adverse Impacts**

### **6.1 Scope**

The scope of this Equality Impact Assessment focuses on the:

- Current Service Users
- Staff.

### **6.2 Equality Screening Outcome**

This proposal was screened in for a full Equality Impact Assessment. It was determined that a full Equality Impact Assessment was necessary for the following reasons: there are potential equality impacts that are unknown, the potential for adverse impact for people with a mental health disability and if that impact was adverse, it would be likely to be experienced disproportionately by groups of people including those who are marginalised or disadvantaged , and that further assessment would offer a valuable way to explore evidence and ensure that the needs of the service users and staff are identified and appropriately addressed.

### **6.3 Assessment of Impact**

#### **6.3.1 Age**

Within the general population in the Belfast Trust area, 59 % of people are aged between 0 and 44 and the remaining 41% are 45+.

Within Adult Mental Health Day Centres in Belfast:

- 43% of current service users are aged 55-64
- 75% are aged between 46 and 65. People transfer at the age of 65 into older people's mental health services.

The figures indicate a smaller number of younger people who are attending the day centres with only 3% of users aged between 18-24 and 11% and 11% in the age range 25-34 and 35-44 respectively. This is in comparison to the younger people within the general population of Belfast as illustrated in Section 4 Figure 2, wherein 11% of the population are aged between 17-24 and 12% are aged 25-34 and 14% are aged between 35-44. As younger people are less likely to attend day centres, this proposal would have the potential to impact on people who are aged between 46 and 65 who avail of the services currently provided at mental health day centres.

#### **6.3.2 Gender**

The Belfast Trust serves a population which is 51% female and 49% male.

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- At North Belfast (Everton) Day Centre, current service users are predominantly male. This proposal would have the potential to have a differential impact on men who attend the centre.
  - At Whiterock, current service users are predominantly female and the proposal would have the potential to impact differentially on women.
  - At Ravenhill the service users are mainly male and the proposal would have the potential to impact differentially on men.

Overall service users of the three day centres are predominantly male (57%) however as indicated above, the gender composition differs across the centres.

### **6.3.3 Disability**

By virtue of the service provided at the day centres, all service users have a mental ill health disability- this will vary in terms of the degree of mental ill health.

- At Ravenhill 17% of service users also have a physical disability.
- At Whiterock 14% of service users have a comorbidity of both physical and mental health disabilities, but attend the day centre as a result of their mental health disability.
- In North Belfast Day Centre only a very small percentage have a physical disability.

The proposal would have the potential to engender impact in terms of disability given that all service users have at least one disability. The Trust will work to ensure that any impact is not in any way major and is minimised for all service users.

### **6.3.4 Marital Status**

A significant proportion – approximately 4/5 of service users are single whilst the rest are either married or in a civil partnership. This is higher than that of the Belfast Trust area population which sits at 46% single. The 20% of service users who are married varies with the Belfast population as a whole - according to the Census 2011, 34% of whom are married.

There is nothing to indicate, on the basis of the evidence available, that this proposal would impact adversely in a major way on people as a result of their marital status.

### **6.3.5 Ethnicity**

Virtually almost all service users are white and not from a black minority or ethnic community. The relatively low number would accord with the 2011 Census which showed that only 2% of our population is from a black and minority ethnic background. Research has also shown that mental health services are under-used by BME groups.<sup>8</sup>

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<sup>8</sup> Eoin Rooney, NHSCT and Ballymena Inter-ethnic Forum, 2013

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There is nothing to suggest that this proposal would have an adverse impact in terms of race or ethnicity.

#### **6.3.6 Religious Belief**

All service users are either from a Roman Catholic or Protestant background.

- In North Belfast there are 52% of service users who are from a Roman Catholic background and 48% who are from a Protestant background.
- In Whiterock all service users are from a Roman Catholic background and this could be attributed to the location of the day centre which would traditionally have been perceived as a single identity area.
- In Ravenhill two thirds of service users are from a Protestant background and the remaining service users are from a Roman Catholic background.

Overall there are more Protestant service users than Roman Catholic and the proposal would have the potential to impact more on Service Users who are Protestant. There will be potential for impact for all service users, regardless of their religious belief in the proposed phased reconfiguration.

#### **6.3.7 Dependants**

The substantial majority of service users across the day centres do not currently have caring responsibilities. There is a higher percentage of people with caring responsibilities at Whiterock but cognisance needs to be taken of the small number of service users who attend Whiterock – some of whom attend for 1 day and others for 2 days a week. A number of the service users may be dependent on others depending on the acuteness of their disability. There is no evidence on the basis of the information available at present of any major adverse impact in terms of those with caring responsibilities.

#### **6.3.8 Political opinion**

According to the 2011 Assembly Elections, the majority of people in Belfast have identified as Broadly Nationalist or Broadly Unionist. The political opinion of service users is not routinely collected by Belfast Trust. In the absence of this information, it is difficult to ascertain if this proposal would have a bearing on equality of opportunity in terms of political opinion. However it is anticipated that this will be gauged through the formal consultation process and the ongoing engagement with individual service users and their families or carers.

#### **6.3.9 Sexual Orientation**

The sexual orientation of service users is not collated. The 2011 Census did not gather data on sexual orientation. A report commissioned by the Office of the First Minister and Deputy First Minister suggested that: "It is feasible to operate on the assumption that a certain proportion of the population (up to 10%) is LGBT (lesbian,

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gay, bisexual, and transgender), and to formulate policies accordingly.” On the basis of the information available and in light of the proposed model of delivery, there is nothing to indicate that this would have an adverse impact in terms of a service user’s sexual orientation. The formal consultation process and ongoing engagement will provide the opportunity to assess the potential for impact in this regard.

#### **6.3.10 Good Relations**

The Trust’s overall purpose is to ‘improve health and well-being and to reduce health inequalities’. As a public authority we have a legal responsibility under Section 75 of the Northern Ireland Act 1998 to promote good relations between persons of different religious belief, racial group and political opinion. It is acknowledged that there is a direct link between good relations and the reduction of health inequalities; therefore, as an organisation, it is important that we are openly committed to promoting Good Relations and challenging sectarianism and racism. On the basis of the information to date there is nothing to indicate that these proposals would in any way impact negatively on the promotion of good relations.

#### **6.3.11 Postcode Analysis**

The postcode analysis of the home addresses of service users illustrated that by in large, people will attend the day centre facility which is closest in proximity to them – however it also identified that people do travel some distance across Belfast to access the service.

#### **6.4 Disability Duties**

The Trust would interpret this proposal as positive in terms of current disability duties to promote positive attitudes and to encourage full participation of disabled people in public life. The proposed model is borne out of a commitment to no longer apply a ‘one size fits all’ approach to day opportunities, to recognise that people are different and to continue to support service users in day opportunities.

#### **6.5 Human Rights**

The Trust acknowledges its responsibilities under the Human Rights Act 1998 and also other international legislative instruments such as the International Convention on Economic, Social and Cultural Rights and the United Nation’s Convention on the Rights of People with Disabilities.

The Trust will pay particular attention to the following commitments and would advocate that a recovery-based model would uphold and promote these rights for those service users, who no longer need to avail of day centres, and who could benefit from greater opportunities in terms of their economic, social and cultural rights:

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### **Respect for privacy and family life**

The concept of private life also covers one's right to develop their personality and to develop friendships and other relationships. This includes a right to participate in essential economic, social, cultural and recreational activities of the community

#### **Article 1<sup>9</sup>**

Right of self-determination. By virtue of this right everyone can freely determine their political status and freely pursue their economic, social and cultural development.

#### **Article 12<sup>10</sup>**

Right of everyone to the enjoyment of the highest attainable standard of physical and mental health.

#### **Article 13<sup>11</sup>**

Right of everyone to education. Education shall be directed to the full development of the human personality and the sense of its dignity, and shall strengthen the respect for human rights and fundamental freedoms.

The United Nations Convention on the Rights of People with Disabilities (UNCRPD) recognises that everyone is equal and that disabled people have the same rights as everyone else to freedom, respect, equality and dignity. The UNCRPD was created because often the human rights of disabled people have not been respected and there are barriers to their inclusion in society.

Within the UNCRPD, **Article 19** upholds the right for people to live independently and be included in the community. This means that there must be an equal right for all persons with disabilities to live in the community, with choices equal to others, and that effective and appropriate measures will be taken to facilitate full enjoyment by persons with disabilities of this right and their full inclusion and participation in the community, including by ensuring that:

- Persons with disabilities have access to a range of in-home, residential and other community support services, including personal assistance necessary to support living and inclusion in the community, and to prevent isolation or segregation from the community;

Community services and facilities for the general population are available on an equal basis to persons with disabilities and are responsive to their needs

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<sup>9</sup> International Covenant on Economic, Social and Cultural Rights

<sup>10</sup> Ibid

<sup>11</sup> Ibid

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## **6.6 Assessment of Impact on Section 75 Groups – Staff**

### **6.6.1 Summary Analysis**

The pool of staff affected by this proposal is, in line with the Trust's overall workforce profile, predominantly female. There is a slightly higher proportion of Protestant employees and an older workforce profile evidenced.

### **6.6.2 Gender**

In line with the overall workforce profile the majority of staff are female. Almost half the staff affected (48%) work less than full time hours, the significant majority of whom are female (93%). The Trust recognises the correlation between gender and caring responsibilities and has in place a range of flexible working opportunities for staff.

### **6.6.3 Age**

An older workforce profile is evidenced in this location with 60% aged 45+. There is nothing to suggest an adverse impact on grounds of age.

### **6.6.4 Religion**

There is a slightly higher proportion of Protestant employees in the affected pool in comparison to the overall workforce profile.

### **6.6.5 Political Opinion**

There is nothing to suggest that this impact will adversely effect on grounds of political opinion.

### **6.6.6 Marital Status**

The workforce composition is broadly in line with the overall workforce profile. There is nothing to suggest an adverse impact on grounds of marital status.

### **6.6.7 Caring Responsibilities**

There is a higher level of staff with dependants than that of the overall workforce profile. The Trust has in place a range of flexible working opportunities for staff to support staff balance work and caring responsibilities.

### **6.6.8 Disability**

The workforce composition is broadly in line with the overall workforce profile. The Trust is committed to ensuring that reasonable adjustments will be facilitated according to any individual needs identified in accordance with the Trust's Framework on the Employment of People with Disabilities.

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#### 6.6.9 Ethnicity

The workforce composition is broadly in line with the overall workforce profile. There is nothing to suggest an adverse impact on grounds of ethnicity.

#### 6.6.10 Sexual Orientation

There is nothing to suggest an adverse impact on grounds of sexual orientation.

### 7. Consideration of mitigating measures

In line with the Equality Commission's practical guidance on equality impact assessment this EQIA has considered mitigating measures which minimise the adverse equality impact on those that come within the scope of this assessment i.e. both service users and staff.

This section of the EQIA considers a range of mitigating initiatives to ensure that any potential adverse impact is minimised for staff, service users and carers.

The fundamental concept of the need for this change was first consulted on by Belfast Trust in its Excellence and Choice in Adult Mental Health Services and then in a subsequent Consultation on the re-provision of services at Victoria Day Centre in 2009. At this early juncture the Trust recognised that *"services provided through the Trust's day care centres do not adequately promote a recovery ethos. Services need to deliver activities, which promote social inclusion and recovery. This approach needs to involve other agencies alongside health and social care organisations"* and *"To achieve the above, services need to move away from a solely centre based approach to delivering support to clients in their own communities."*

Within the Corporate Plan 2013-2016, Belfast Trust outlined that it was committed to providing a modern, responsive mental health service that promotes recovery and independence with the full participation of the people who use our services and their carers.

#### 7.1 Pre-Consultation to inform this proposal

The Trust has and will engage directly with representative groups as part of the consultation process to discuss and gather information to inform a comprehensive assessment of impact. The Trust is committed to taking account of all the information, views and opinions from all stakeholders to assist in the decision making process.

Prior to developing this formal consultation paper, the Trust has engaged in pre-consultation with service users and has also met with staff across the various units from where mental health day services are currently provided to be open and transparent and to outline the proposal and seek feedback from the outset from these key stakeholders.



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The Trust has met with partner agencies in the community and voluntary sector to outline their vision for the improved model of delivery.

The Trust has also engaged with Trade Union colleagues to discuss the rationale for this proposal and the Trust's vision for the future of mental health services.

There has also been engagement with Service User Advocates and Carer Advocates.

A multi-disciplinary project group has been established to discuss the proposal and to oversee its implementation subject to the outcome of the formal consultation.

A meeting was convened with the Trust internal stakeholder forum, comprising community mental health teams and the wider mental health stakeholders who are the source of referrals to current day centres to discuss the benefits and way forward for this proposed model focussing on the recovery model and full integration in the community for people with mental ill health. Mental Health Services also benefit from the input, knowledge and expertise of a service user consultant, who is part of their management team.

The objectives of the pre-consultation were as follows:

- To provide information and discuss the future vision
- Allay anxieties by responding promptly to queries
- Take cognisance of potential impact of the proposed service change
- Discuss and seek views on the best ways of giving a voice to service users
- Use findings to inform the proposal and a public consultation process.

The Trust will secure the involvement of an independent advocacy service to support service users and carers throughout the consultation process and beyond, should a decision be taken to approve the proposed service development.

The Trust will hold a public meeting during the formal consultation period for interested stakeholders. There will be facilitated engagement sessions with the support of advocates so that service users and carers can provide their feedback and ideas.

Mental Health Services are cognisant that a number of mental health day service users will need to continue to avail of statutory day services and the Trust will continue to provide this in a statutory day centre setting. Others have been assessed as being able to benefit from accessing other options within the continuum of day opportunities e.g. volunteering, Recovery College, Employment opportunities. Whilst others have been assessed as more suited to avail of the day services provided by our partners within the community and voluntary sector such as Action Mental Health, Mindwise or Northern Ireland Action for Mental Health.



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The assessment, on the basis of the information available, indicates that the proposal would have the potential to impact differentially on people who are over 45 and avail of mental health day services at present. It would have the potential to impact on people with a mental health disability but this change is deemed and well documented as necessary and long overdue and will seek to have a very positive impact on the lives of people with mental ill health. The proposal would have a differential impact for men and for service users who are Protestant given that overall more males and more Protestants overall avail of mental health day service users at present.

There is little uptake of mental health day services from minority ethnic individuals despite a growing culturally diverse population in Northern Ireland— nonethless there is nothing to suggest that this is as a result of how mental health day services are delivered at present and may be due to linguistic and cultural barriers and help-seeking patterns.<sup>12</sup> The Trust envisages that the proposal would have a positive impact for younger service users who it would appear have become disengaged from statutory day service provision. Feedback from younger service users indicates that current day services are out of date and have little to offer them. This proposed access to a continuum of support will help facilitate a range of opportunities for education, social integration and employment and employability for people with mental ill health and promotes the recovery ethos.

There is nothing to indicate on the basis of the information available at present that this proposal would have a majorly adverse impact in regard to Section 75 identity.

## **7.2 Proposed Mitigating Measures**

Notwithstanding, any proposed change can cause anxiety or genuine concerns for service users and their carers and families - particularly those who have availed of traditional day mental health services over a long period of time. Mental Health Services are committed to working in partnership with individuals and their families and carers to facilitate a smooth and well-planned and managed transition (where any transition is required).

Should there be a change in location of where service users currently attend, the Trust will seek to provide transport solutions for a period of time based on individual need.

Service Users will retain their key worker and will have contact with the Community Mental Health Team, where appropriate. They will still be able to access statutory services if required. The Trust has acknowledged in the pre consultation stage what service users and their families have said about the importance of maintaining social networks and having something meaningful to do during the day and believes that the new model would help improve both of these aspirations.

An individual recovery plan will be drawn up and tailored according to the assessed needs of the service user in conjunction with the service user and their family or carer to ensure that their preferences and opinions are core to the person centred

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<sup>12</sup> [http://www.belfasttrust.hscni.net/pdf/BME\\_Cultural\\_Awareness\\_Document\\_sml.pdf](http://www.belfasttrust.hscni.net/pdf/BME_Cultural_Awareness_Document_sml.pdf)

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planning. Their specific requirements will be taken fully into account when meeting their future needs. The Trust will make sure that the needs of each service user are fully assessed and that any requirements are identified. The recovery plan will be based on the distinct circumstances, needs and aspirations of the service user and ultimately will help achieve a person centred, person led plan to promote recovery, autonomy, choice and prevent isolation and foster independence.

The Trust will consider the development of a drop-in service to provide reassurance and support to service users throughout the transition.

The Trust will work to minimise any negative impact on these service users and allay any concerns they may have about the proposed changes.

### **7.3 Good Relations**

As regards the Trust's statutory duty to promote good relations, there is nothing to suggest that this proposal would have any adverse impact in the promotion of good relations. The Trust has a clear, well defined good relations strategy Healthy Relations for A Healthy Future whereby the corporate commitment to good relations is underlined. The Trust will ensure that all services and all facilities will welcome people regardless of their religious affiliation, political opinion or racial group.

### **7.4 Human Rights**

Belfast Trust is committed to promoting and safeguarding the human rights of people with mental health problems and the ethos that people with mental ill health should live in a fair and just society where their human rights are respected and each individual is able to realise his or her potential to the full. The Trust believes that this proposal will help promote people with mental ill health in regard to their right to autonomy and their right to participate in essential economic, social, cultural and recreational activities of the community. By removing the focus on centre based activities, the Trust considers that people with mental health would have the potential to experience a lesser degree of segregation and would promote their integration and inclusion in community life. This will remove barriers and promote active citizenship.

The Trust would therefore contend that this proposal would have a positive impact in terms of human rights – particularly in relation to the rights of people with disabilities. Article 19 of the UNCRPD focuses on the "right of persons with disabilities to have an equal right to live in the community, with choices equal to others. As such, there is a need for measures to be taken to facilitate full enjoyment by persons with disabilities of this right and their full inclusion and participation in the community. The proposed spectrum of opportunities is in keeping with the Bamford recommendations and will offer service users choice, flexibility and more autonomy in terms of occupation, education and training opportunities.

### **7.5 Health and Social Inequalities**

Belfast has the highest level of deprivation in Northern Ireland, with some 40% of the most deprived local areas being within Belfast Local Government District. Health

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outcomes are markedly poorer in west Belfast and north Belfast than in east Belfast and south Belfast. These differences are largely related to relative levels of deprivation and socio-economic disadvantage, linked to employment status, income and educational attainment. People who are working are at much lower risk of mental illness than those who are either unemployed or long-term sick or disabled, with the proportions assessed as being at high risk being 10-20% for those who working, around 30% for those who are unemployed and 50% for those who are long-term sick or disabled.<sup>13</sup>

Belfast Trust has outlined its overall aim as improving health and well being and reducing inequalities. The Trust acknowledges that health is not the only determining factor in residual inequalities and that there is a need to furthermore address the social determinants of health, for example, employment and education.<sup>14</sup> By fostering the recovery ethos and a move from traditional statutory day services to a day opportunities model, Belfast Trust Mental Health Services believe that people with mental ill health will have much more opportunity to avail of the Recovery College, to attend Further Education Training Programmes, thus enhancing their educational attainment. Ultimately this will further develop their confidence, employability and in so doing, their fuller participation and inclusion in the community.

#### **7.6 Consideration of Mitigation for Staff**

In dealing with any reorganisation proposal the Trust is committed to ensuring that the process is characterised by openness, transparency, involvement, recognition and engagement with its staff and Trade Union Side colleagues. It will comply with all relevant employment and equal opportunities legislation when implementing any proposed changes.

The Trust has developed a Good Practice Guide on Consultation and Communication in relation to its Strategic Reform and Modernisation Programme. This guidance sets out the consultation and communication framework for the Trust, the essentials of public consultation and details the staff and equality considerations to be undertaken by Managers. It will be applied to this process and the general principles are:

- Staff will be kept fully informed and will be supported during this process
- The principles of fairness, dignity and equity of treatment will be applied in the management of people undergoing these changes
- Training and retraining opportunities will be provided to assist staff who move to new roles and responsibilities.

In relation to this proposal, if approved, the Trust will ensure that staff are fully supported throughout the process of change and will put in place a range of support mechanisms which can be tailored to the specific needs of individual staff. These will include, as appropriate, individual staff support, induction, training and re-skilling,

<sup>13</sup> <http://www.poverty.org.uk/index.htm>

<sup>14</sup> Not Just Health: [http://www.belfasttrust.hscni.net/pdf/Health\\_Social\\_Inequalities\\_strategy.pdf](http://www.belfasttrust.hscni.net/pdf/Health_Social_Inequalities_strategy.pdf)

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application and interview preparation if required, and advice and guidance on Human Resource policies and procedures.

#### **7.7 Staff Relocation / Redeployment**

The Trust in partnership with Trade Union side will consider how it will minimise any adverse impact on the workforce resulting from this. This will be dealt with in accordance with the Trust's agreed Framework on the Management of Staff affected by Organisational Change and the Staff Redeployment Protocol. The Trust is committed to engaging and consulting fully with staff throughout the consultation process and thereafter.

The Trust recognises that the predominantly female workforce may have caring responsibilities and particular needs. It will give consideration to the provision of different work patterns and/or arrangements to facilitate employees' personal circumstances, wherever possible, whilst ensuring efficient and effective service delivery. This will be facilitated through the Trust's range of work/life balance policies and flexible working arrangements developed in partnership with Trade Union Side.

Any requirements for reasonable adjustments for staff with disabilities will be facilitated in line with the Trust's Framework on the Employment of People with Disabilities.

#### **7.8 Partnership Approach**

The Trust will ensure the effective management, implementation and review of the process at every stage. It will ensure a partnership approach with Trade Union side to achieve an effective transition to the new arrangements in line with the appropriate Frameworks referred to above.

#### **7.9 Ongoing Monitoring and Review**

The Trust is committed to ensuring that all of the reorganisation requirements and outcomes associated with this proposal will be closely monitored to ensure that individual staff are fully supported and effectively integrated as appropriate into any new structures, working arrangements or new job roles.

### **8. Formal consultation, publication and monitoring**

Section 6 outlines the extensive engagement and pre-consultation with service users, carers and relatives and staff that helped inform development of the consultation and equality impact assessment papers.

The public formal consultation on the proposal will commence for 12 weeks on 3rd September and be completed by 26<sup>th</sup> November 2015. Any group or individual wishing to participate is invited to obtain a copy of the consultation document from the Trust website, <http://www.belfasttrust.hscni.net/> or from the Trust's Equality Department.

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

In the interests of accessibility this document can be made available in a range of alternative formats. For further information please contact:

Orla Barron  
Health & Social Inequalities Manager  
1st Floor, McKinney House  
Musgrave Park Hospital  
Stockmans Lane  
Belfast BT9 8JB

Tel: [REDACTED]  
E-mail: [orla.barron@belfasttrust.hscni.net](mailto:orla.barron@belfasttrust.hscni.net)  
Text Phone: [REDACTED]

### **8.1 Formal Consultation**

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

- A letter will be issued to relevant Consultees listed in the Trust's Equality Scheme
- A copy of this report will be posted on the website
- A public meeting will be convened for interested stakeholders
- Use of advocates
- The report will be made available, on request, in alternative formats including Braille, disk and audio-cassette and in minority languages for those who are not fluent in English.

**The closing date for responses is: 26<sup>th</sup> November 2015**

### **8.2 Publication**

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

### **8.3 Decision of the Public Authority**

The Trust will take into account the consultation carried out in relation to this EQIA before a final decision is made. This is in keeping with the Trust's Equality Scheme ... "In making any decision with respect to a policy adopted or proposed to be

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adopted, we take into account any assessment and consultation carried out in relation to the policy." (Paragraph 3.2.11 refers).

When the formal consultation process is concluded, all feedback will be considered and submitted to Trust Board in the form of a consultation outcome report. This will inform any decision making or recommendation of the Trust Board.

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#### **8.4 Monitoring**

In keeping with the Equality Commission's guidelines governing EQIA, the Trust will put in place a monitoring strategy to monitor the impact of the Proposal for this service on the relevant groups and sub-groups within the equality categories. The Trust will publish the results of this monitoring and include same in its annual progress report to the Equality Commission for Northern Ireland.

If the monitoring and analysis of results over a three year period show that the impact of the change results in greater adverse impact than predicted, or if opportunities arise which would allow for greater equality of opportunity to be promoted, the Trust will ensure that measures are taken to achieve better outcomes for the relevant equality groups.

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## 6.0 How to have your say

The Trust intends to consult as widely as possible with all interested persons during the 12 week formal consultation period. To facilitate comments please complete the consultation questionnaire attached. However the Trust will accept comments in any format.

The closing date for this consultation on 26<sup>th</sup> November 2015 and we need to receive your completed questionnaire or response on or before that date. You can respond to:

The Chief Executive,  
Belfast Health and Social Services Trust  
C/o Corporate Communications,  
Nore Villa  
Knockbracken Healthcare Park  
Saintfield Rd  
Belfast BT8 8BH

E-mail: [stakeholdercomms@belfasttrust.hscni.net](mailto:stakeholdercomms@belfasttrust.hscni.net)

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

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

Name:  
Position:  
Organisation:  
Address:

I am responding:

- as an individual
- on behalf of an organisation (please tick)



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## 7.0. Consultation Questions

1. Do you agree with the Trust's vision and proposals for Mental Health Day Opportunities?

If you do not agree, please also give your reasons below;

2. Do you accept that, in order to use resources efficiently, the Trust must transfer resources from existing services to the new model?

If you do not agree, please also give your reasons below;

3. Is there any additional relevant evidence or information which the Trust should consider in assessing the equality impacts of these proposals?

4. Are there any other potential adverse impacts with supporting evidence which might occur as a result of these proposals being implemented? If so please provide some supporting evidence?

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5. Can you suggest any other mitigating measures the Trust could take to remove or minimise any potential adverse impact on service users/carers or staff?

6. Are there any human rights implications the Trust should take into consideration?

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## **Freedom of Information Act (2000) Confidentiality of Consultations**

Belfast Trust will publish an anonymised summary of responses following completion of the consultation process; however your response, and all other responses to the consultation, may be disclosed on request. We can only refuse to disclose information in limited circumstances. Before you submit your response, please read the paragraphs below on the confidentiality of consultations and they will give you guidance on the legal position about any information given by you in response to this consultation.

The Freedom of Information Act gives the public a general right of access to any information held by a public authority, namely, Belfast Trust in this case. This right of access to information includes information provided in response to a consultation. We cannot automatically consider information supplied to us in response to a consultation as information that can be withheld from disclosure. However, we do have the responsibility to decide whether any information provided by you in response to this consultation, including information about your identity, should be made public or withheld.

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

Thank you for your input to this consultation exercise.

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## Appendix 1: Glossary of Terms

**Recovery:** Recovery is about building a meaningful and satisfying life, whether or not there are recurring or ongoing symptoms or mental health problems. Key themes in recovery include choice, opportunity and hope

**Peer Support:** Individuals who have lived experience of mental health issues who can offer an insight and understanding and can draw on their own experience to help others in their recovery

**Empowerment:** a definition used in mental health with a number of qualities including: decision making power, access to information and resources, having a range of options from which to make choices, assertiveness, hopefulness, learning to see things differently, learning new skills and growth and change

**Active citizenship:** getting people involved in their local communities

**Co-production:** the development and delivery of public services in an equal and reciprocal relationship between professionals, people using services, their families and carers

**Action Mental Health New Horizons:** Action Mental Health's vision is "A society which actively values and promotes good mental health." AMH supports the recovery of people with mental ill health through the provision of person-centred training and employment services; builds resilience in the community through the provision of mental health awareness and emotional resilience training and the provision of targeted self-harm and suicide prevention services; and raises awareness of mental health and tackles stigma through lobbying and campaigns.

AMH New Horizons – Belfast supports the recovery of people with mental ill-health through the delivery of a range of person-centred accredited and non-accredited personal development, vocational skills and employability programmes. Individuals receive specialist support to assist them through these training options, building their capacity and, where appropriate, readiness to avail of further education and employment opportunities. Specialist employment staff will support participants to engage in work based training placements and voluntary work in addition to providing career guidance, and job search towards paid employment. The Individual Placement and Support (IPS) service is delivered in partnership with BHSCT. This supported employment model provides tailored one-to-one support for individuals who wish to move directly to job search.

**Northern Ireland Association for Mental Health (NIAMH) Aspen and Bracken:** NIAMH have two Day Support schemes in Belfast, Aspen at 16 Finaghy Road South which takes referrals from south and West Belfast and Bracken based at Skainos in East Belfast taking referrals from East and North Belfast. Aspen has a contract with the Belfast Trust to provide 32 places per session and Bracken provides 30 places per session. NIAMH have been providing day support services in Belfast for over 40 years in what was previously known as Beacon Centres.

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It is our aim to provide the highest possible standard of support to Service Users by actively promoting and implementing Recovery by using a strengths based person centred approach. We provide a modern service which enables service users to take control and achieve independence in their lives through an individual support plan.

Aspen and Bracken offer a range of accredited and non-accredited courses both in schemes and in community facilities, both schemes have a prospectus which has been designed with Service Users to meet their needs. A social aspect is also available for those service users who require a less structured approach.

We very much work in partnership with our service users, we encourage peer support, user led sessions and involve service users in all aspects of the service

**Mindwise:** MindWise Belfast Resource Centre is a recovery and wellbeing service. Community mental health workers support our service users to live independently and self manage. The service user is at the centre of our care and is encouraged to participate in active involvement of the centre. Alongside structured activities service users are encouraged to lead and develop programmes and projects supported by volunteers and mental health workers. MindWise recognises the value of therapeutic and creative programmes in addition to providing access to information about educational and training opportunities. This encompasses the whole person approach with individuals taking responsibility for their own goals through the MindWise support plan and review process.

MindWise are the bridge between services and participation in daily life and resources in the community.

Examples of how we aim to do this are

- Volunteering opportunities
- Photography group
- Art classes
- Walking Group
- Music class
- Women's Group
- Men's discussion group
- Outreach activity
- Referral and signposting to specialist support in the community
- User led activity
- Partnership working with other voluntary sector health promotion services
- 1-1 emotional support
- Informal drop-in
- Carers support for individuals who currently use the service.
- Peer support

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## Appendix 2

### The Health and Social Care Commissioning Plan Direction (Northern Ireland) 2015 (No.1)

Requirements of the Commissioning Plan Direction stated within sections 3 (a), (b) & (c);

- To improve and protect population health and wellbeing and reduce health inequalities
- To promote the health and wellbeing of local populations
- To work collaboratively with communities and partner organisations to address the determinants of health
- To deliver high quality, safe and effective care in the most appropriate setting
- To facilitate people to live as independently as possible in the community
- To improve the patient and client experience
- To ensure that services are resilient and provide value for money in terms of outcomes achieved and costs incurred
- To act as a driver for improvements in quality, productivity, efficiency, effectiveness and patient and client outcomes
- To commission services in a cost effective manner

### The Health and Social Care Board and Public Health Agency – Commissioning Plan 2014/2015 (Draft 26<sup>th</sup> January 2015)

*Mental Health Regional Commissioning Priorities for 2014/2015 and 2015/2016 include:*

- All Trusts should deliver Recovery Approaches and the Regional Mental Health Care Pathway (TYC Recommendations 56 & 57 and Bamford Action Plan 2012-15).  
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