Belfast Health and Social Care Trust

BELFAST TRUST DRAFT EQUALITY IMPACT ASSESSMENT ON THE IMPLEMENTATION PLAN TO CLOSE MUCKAMORE ABBEY HOSPITAL (FOLLOWING DOH DECISION*)

IN ACCORDANCE WITH SECTION 75 AND SCHEDULE 9 OF THE NORTHERN IRELAND ACT 1998

*Decision taken by Department of Health further to full public consultation on the future of the hospital

CONTENTS

EXECUTIVE SUMMARY

The Department of Health conducted a formal consultation and equality screening on the proposal to close Muckamore Abbey Hospital between 24th October 22 and 24th January 2023. Having taken account of the consultation responses, the Permanent Secretary announced the closure of the regional specialist Learning Disability hospital in July 2023.

Belfast Trust is responsible for leading on implementation of this decision. The planned closure date is June 2024, subject to all remaining Muckamore patients having been appropriately resettled in community settings.

The purpose of the draft Equality Impact Assessment on the Trust's proposed series of actions to ensure closure of MAH by June 24. The EQIA has considered the information available and has assesses the potential impact on current and future patients, families, carers and staff and identified measures to lessen any potential impact of the closure. ,

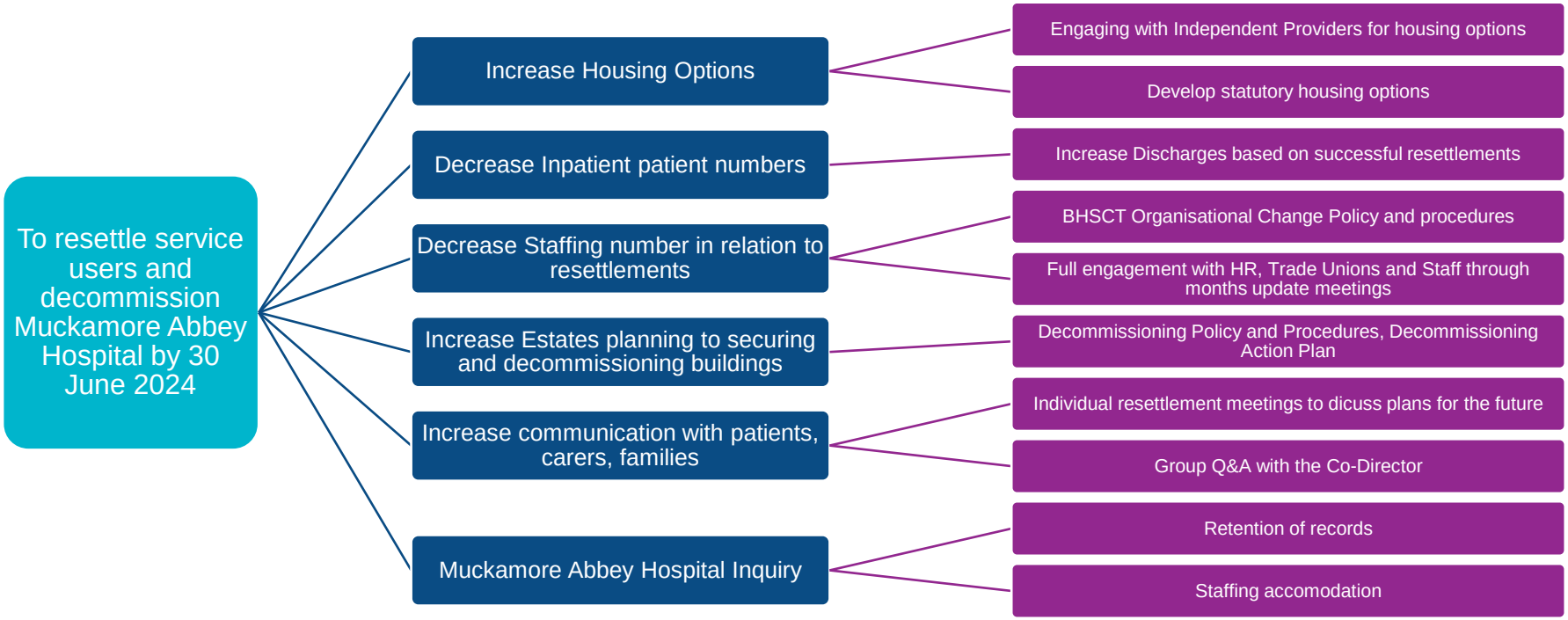
Belfast Trust, as an Arm's Length Body and a Public Authority in its own right, is statutorily bound to consider the implications of the implementation of the closure on equality of opportunity and good relations. Human Rights and disability considerations are also integral to this process. This draft Equality Impact Assessment (EQIA) has been developed to take account of implications for the remaining patients, their families and carers and the staff, who will be affected by the Trust's implementation of the closure.

The draft EQIA provides the context and rationale for resettlement to improve the lives of people with a learning disability, who are living in an acute hospital setting by providing them with a home in the community and affording them the same rights as everyone else. The paper outlines what the future service model is to support these individuals to live full and meaningful lives in the community. The legislative context and considerations are detailed, as well as the data sources and strategic drivers for the closure. Section 5 provides the Trust's assessment of the potential impact of implementation of the closure on current patients, carers and staff and Section 6 goes on to address the proposed mitigating measures to lessen any potential impact through a carefully phased and coordinated approach to resettling the remaining patients.

To conclude Section 7 outlines the formal arrangements that the Trust will deliver after the consultation in terms of adding or amending its planned actions.

DRIVER DIAGRAM

Global Aim: No one with an intellectual/learning disability should be accommodated in a hospital environment unnecessarily.



Population at the time of writing this assessment:

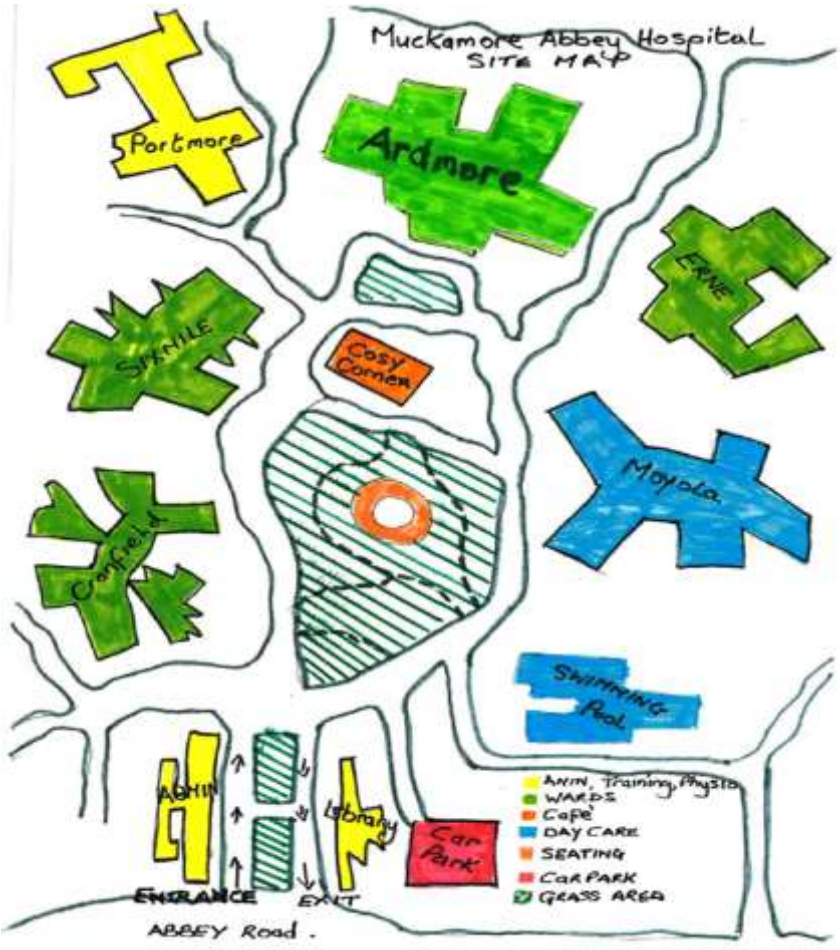
- 26 inpatients in Muckamore Abbey Hospital

BHSCT ID/LD population is 1568 as of 31 March 2023

SECTION 1.0 INTRODUCTION

Muckamore Abbey Hospital opened in 1949 as a regional hospital for children and adults with a learning disability. In 1984, the Hospital was one of the largest specialist learning disability hospitals in the UK with around 1428 patients. Governmental and Healthcare policy direction changed in the 1980s, and the institutionalisation of individuals with a learning disability was no longer deemed best practice. A shift to delivering services in the community for people with a learning disability began.

Image: Map produced by patients in Therapeutic Day Services together with the artist in residence.



The Hospital is located just outside Antrim town and is managed by the Belfast Heath and Social Care Trust (BHSCT) to provide regional inpatient services for adults (individuals 18 and over) with an intellectual/learning disability. Current inpatients' home trusts are across Belfast, Southern, South-Eastern and Northern Trusts. The hospital is commissioned by the Strategic, Planning and Performance Group (SPPG) and Department of Health (DoH) for 80 inpatient beds for adults with an intellectual/learning disability.

Please note, in recent years there has been a move to refer to this type of disability as intellectual disability instead of learning disability. The BHCST service is formally known as Intellectual Disability in the Organisational Structure.

For the purposes of this document, the descriptors intellectual and learning will be used interchangeably and in conjunction with one another. We acknowledge that language can be a personal choice. Please refer to the terminology section for more information on this issue.

More recently the Hospital has provided assessment and treatment for people with intellectual/learning disabilities with mental health needs, forensic needs and/or behaviours that challenge. At the outset, it is important to note that none of the current inpatients living in MAH are receiving any active assessment or treatment but are what is referred to as individuals whose discharge has been delayed

In late 2017, the Belfast Health and Social Care Trust commissioned an Independent Review Team to look at safeguarding practices at the Hospital between 2012 and 2017. They began their work in January 2018. The investigation began because of allegations of abuse of patients by staff, which were raised in August 2017. CCTV information gathered at the Hospital identified staff behaviours which resulted in harm to patients. This led to staff suspensions and a large police investigation which is continuing today. Separately, a team of staff was commissioned to view over 5,000 hours of CCTV images.

Following on from the findings of 'A Way to Go', the Level 3 SAI review of allegations of abuse at Muckamore Abbey Hospital, the Department requested the Health & Social Care Board and Public Health Agency to commission an independent review to critically examine the effectiveness of Belfast Health & Social Care Trust's leadership, management and governance arrangements in relation to Muckamore Abbey Hospital for the five year period preceding the adult safeguarding allegations that came to light in late August 2017. The independent panel, made up of a professional nurse, social worker and experienced former HSC Chief Executive began their work in January 2020, and their report was completed in July 2020.

The Statutory Inquiry was first announced on 8th September 2020 and was formally set up on 11th October 2021. The Minister for Health for Northern Ireland, Robin Swann, set the Terms of Reference following consultation with the Chair. The Muckamore Abbey Hospital Public Inquiry is a statutory inquiry established under the Inquiries Act 2005, to examine the issue of abuse of patients at Muckamore Abbey Hospital (MAH) and to determine why the abuse happened and the range of

circumstances that allowed it to happen. The purpose of the Inquiry is to ensure that such abuse does not occur again at MAH or any other institution in Northern Ireland which provides similar services. The Chair of the Inquiry is Tom Kark KC, who was appointed on 10th June 2021.The Inquiry is independent of Government and any government department.

In tandem with the Public Inquiry, DoH have already conducted a formal public consultation on the future role of Muckamore Abbey Hospital and proposed its closure as a regional specialist intellectual/learning disability hospital. This was in accordance with the direction of travel indicated by the previous Minister for Health, Robin Swann in October 2022. The consultation was open to the public from 24 October 2022 to 24th January 2023.

On 6th July 2023, the Department of Health, having taken due consideration of the feedback to the consultation and clinical best practice guidance, announced the decision that the planned closure date of MAH was June 2024 to give the relevant Trusts a year to plan and facilitate resettlement of their patients. ; Each Trust is responsible for the planning and coordination of inpatients from their Trust area and these plans will be co-produced. Inpatients from other Trusts still in MAH after the planned closure date will become the responsibility of that Trust. In accordance with its own statutory responsibilities under Section 75 of the Northern Ireland Act 1998, Belfast Trust has now developed this draft equality impact assessment on its implementation of the Departmental decision to close Muckamore Abbey Hospital.

This draft Equality Impact Assessment (EQIA) is being presented for public formal consultation. The scope of this assessment focuses on the potential impact on equality and human rights in terms of the Trust's implementation of the DOH decision to close Muckamore, meaning that there will be no longer be a regional specialised inpatient facility for assessment and treatment for people with a learning disability.

However, there will be mainstream facilities available to all service users and inpatients with the support of Community Intellectual Disability Staff and access to acute beds, as required. Investment will be made in the community setting to support service users in their homes.

The scope of the impact of this EQIA is related to potential impact on the following groups of people:

- Patients and their families and carers
- Potential future patients and their families and carers
- Trust staff

The EQIA also outlines the new model of care to support these 26 individuals to remain in the community and live a life more comparable to everyone else in society. It is important to acknowledge that this change will be difficult for those who have regarded the hospital as their home. Equality legislation also applies to our staff, and we will assess the potential impact on the closure for them and will apply the Trust's Organisational Management of Change Framework to cater for their new working arrangements. The appropriate mitigating measures are key in reducing any potential for adverse impact. We want to know if we have considered all the necessary information and implications.

1.2 RESETTLEMENT CONTEXT

It has long since been acknowledged that the model of care provided at Muckamore Abbey Hospital (MAH) is outdated and no longer fit for purpose. Furthermore, living in the community, as an integral part of that local area, is a more life fulfilling, enriching and positive alternative for those individuals with an intellectual/learning disability.

This principle is not a novel one – in 1975, the United Nations issued its Declaration on the Rights of Disabled Persons:

> *"Disabled persons have the right to live with their families …and to participate in all social, creative and recreational activities. If the stay of a disabled person in a specialised establishment is indispensable, the environment and living conditions therein should be as close as possible to those of the normal life of a person of his or her age."*

Within Article 8 of the Human Rights Act 1998, it is stated:

> *"Everyone has a fundamental human right 'for their private and family life and home' to be respected. And rightfully, there has been a growing aspiration amongst adults with a learning disability and their families and advocacy groups for them to experience an ordinary and fuller life."*

The policy decision on Resettlement has already been taken and the intention to resettle people with an intellectual/learning disabilities into the community dates to a 1995 Department of Health and Social Services Northern Ireland policy review:

This review stated:

> *"The aim of Government policy for people with a learning disability should be inclusion ... which stresses citizenship, inclusion in society, inclusion in decision-making, participation so far as is practicable in mainstream education, employment and leisure, integration in living accommodation and the use of services and facilities, not least in the field of health and personal social services."*

The Equal Lives Review pointed to the fact that people with an intellectual/learning disability who could not live with their families had to live on a long stay basis in hospital accommodation (despite there being no clear clinical indication) or in traditional residential facilities. This resulted in, substantial numbers of people, who were unrelated, lived together in these facilities with little or no participation or engagement with local communities.

1.3 BETTERMENT

Leading a fuller life through more active participation in the community and engaging in more meaningful activities were core themes highlighted in the Bamford Review Reports. The concept of betterment was mainstreamed throughout this review, i.e., putting the person at the centre of the package of care and resulted in improvements in the life of someone with an intellectual/learning disability. Examples of betterment because of resettlement could include more privacy, display personal belongings, design of personal space, access to and choice of food and drink, ability to see friends and family and more autonomy and opportunities in their day-to-day life.[1]

It is critical to acknowledge, the decision to close Muckamore Abbey Hospital down does not change in any way the Trust strategic direction or goals of community resettlement, instead, it puts a tangible deadline for meeting inpatient resettlement needs in the community setting

The following is feedback from service users, carers, and families in response to the Northern Ireland Bamford review on the resettlement programme:

> *"Although resettlement process had been painful for a small number of families, the majority of those interviewed were content with the resettlement process and the move to a supported housing scheme. Most family members reported that their loved on had adapted very quickly and very well. The evidence from the interviews was that betterment had occurred in majority of cases. There were notable improvements."*
>
> *"Viewed as being better than their previous experience of life in a long stay hospital –participate in what could be deemed in a more normal life."*
>
> *"Service users were happier, brighter and engaged less in self-harm or the behaviours that challenge."*

[1] Hospital Resettlement Programme in Northern Ireland after the Bamford Review: Part 2 the Experience of Learning Disabled People Resettled from Long Stay Hospitals, June 2017

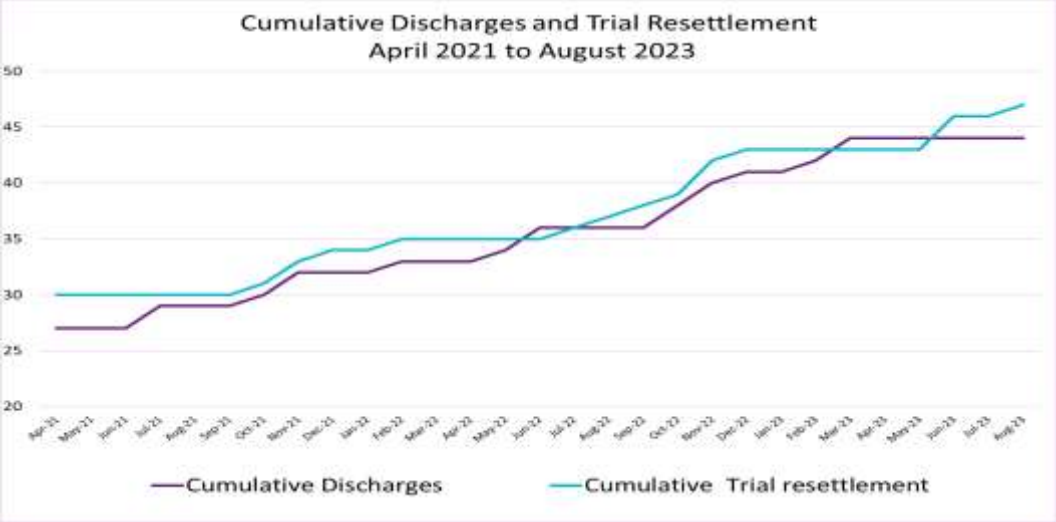
Closure of this large hospital site is in line with the Trust's vision for an Intellectual Disability Services, embedded care and support in the community for individuals to lead full and rewarding lives in their own homes and communities. Providing early intervention strategies and support in the community setting to avoid deterioration in health and wellbeing of the individuals it serves.

One of the fundamental aspirations for each of the remaining patients is to achieve betterment and has the potential to improve the patient's life. The Trust is fully committed to supporting those individuals and families as they move to new homes in the community and will do our utmost to ensure that the transition is as seamless as possible.

1.4 RESETTLEMENT ACTIVITY

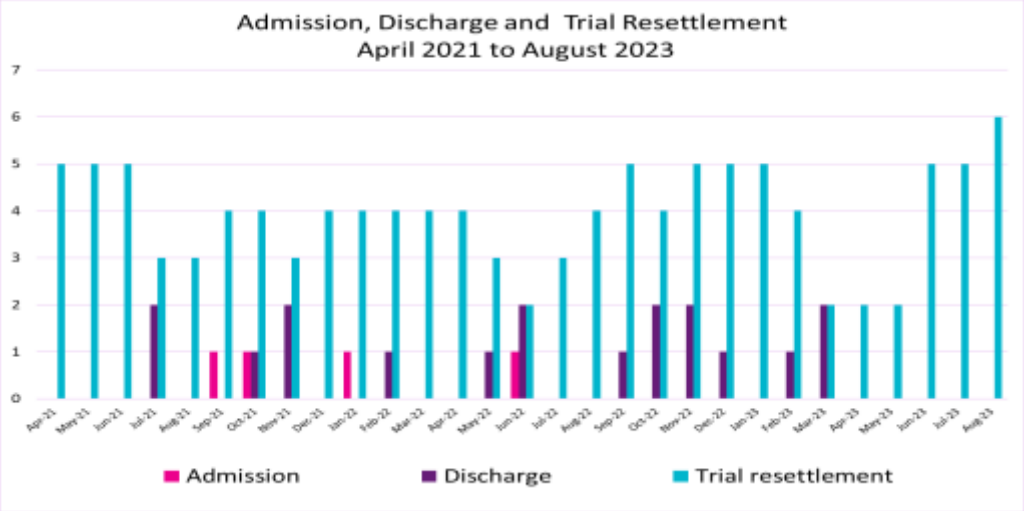
Due to a resettlement programme over the last 2 decades, the number of people living in MAH has reduced from 300 in 2003 [2] to 26 (at the time of drafting this paper). There were lengthy delays in the discharge of long-stay inpatients from the 1990s onwards; however, since 2007 the process has become more efficient and effective. The scale of resettlement between 2007 and 2020 was significant, with reduction in the population at MAH to 46 patients by June 2021. Between June 2021 and June 2022, the population in MAH awaiting resettlement had reduced to 36, with a further reduction to 26 patients by August 2023.

Figure 1: Trend of cumulative discharge and trial resettlement



[2] Equal Lives - Review of policy and services for people with a learning disability in Northern Ireland (health-ni.gov.uk)

Figure 2: Volume of admissions, discharges and trial resettlements



1.5 CURRENT MODEL OF CARE

BHSCT Intellectual Disability Service is made up of teams across residential accommodation, supported living, day services, respite services, community treatment services and inpatient facilities at Muckamore Abbey Hospital. A multidisciplinary team of professionals work across the community and hospital settings to provide service users and inpatients with high quality care, these professions are: allied healthcare professionals, nurses, psychologists, psychiatrists and social workers. The figures below illustrate the specific detail of what currently happens when an individual with an intellectual/learning disability experiences physical or mental ill health.

Figure 3: Current Pathway for Service Users experiencing Physical Ill Health

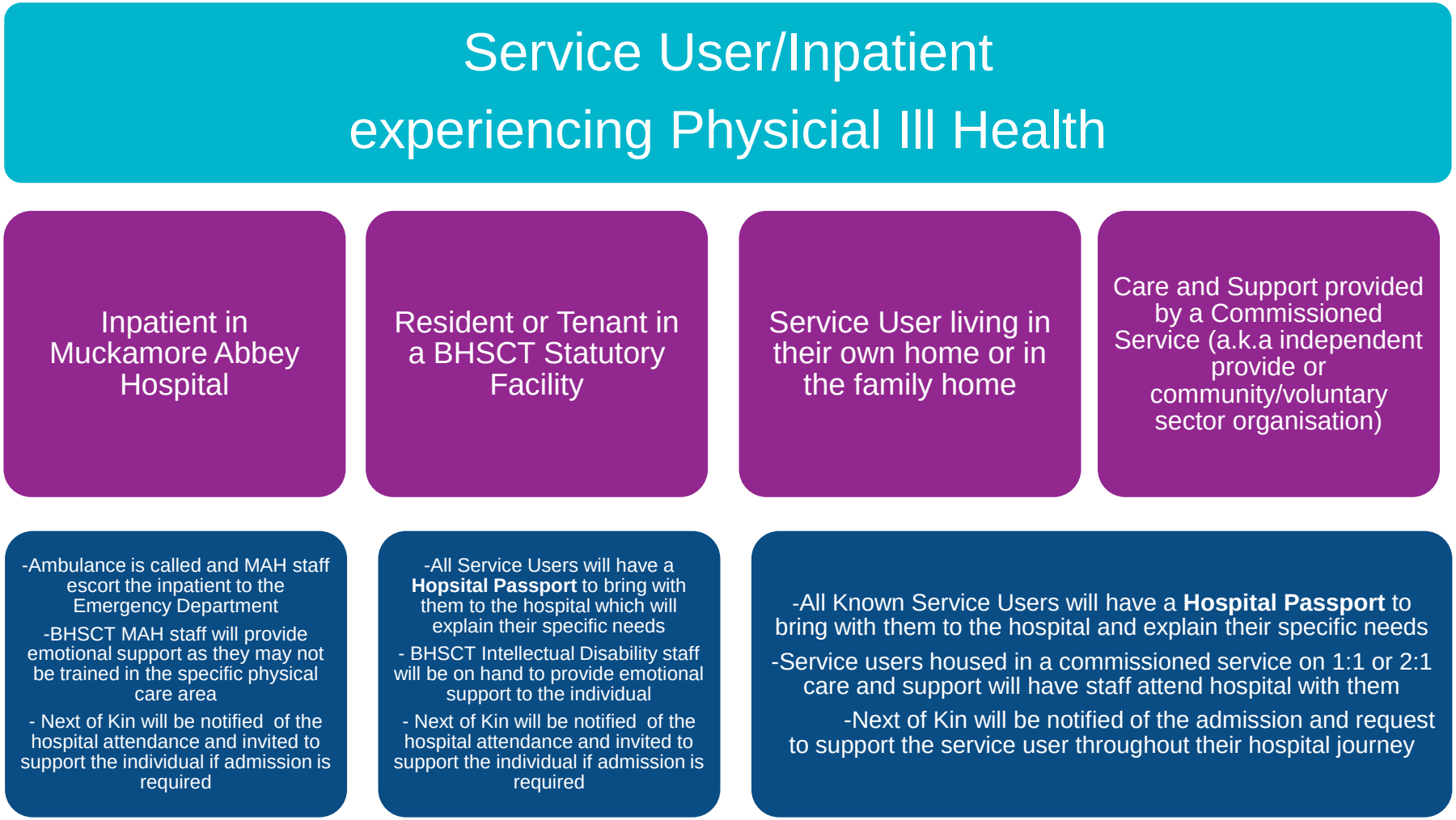
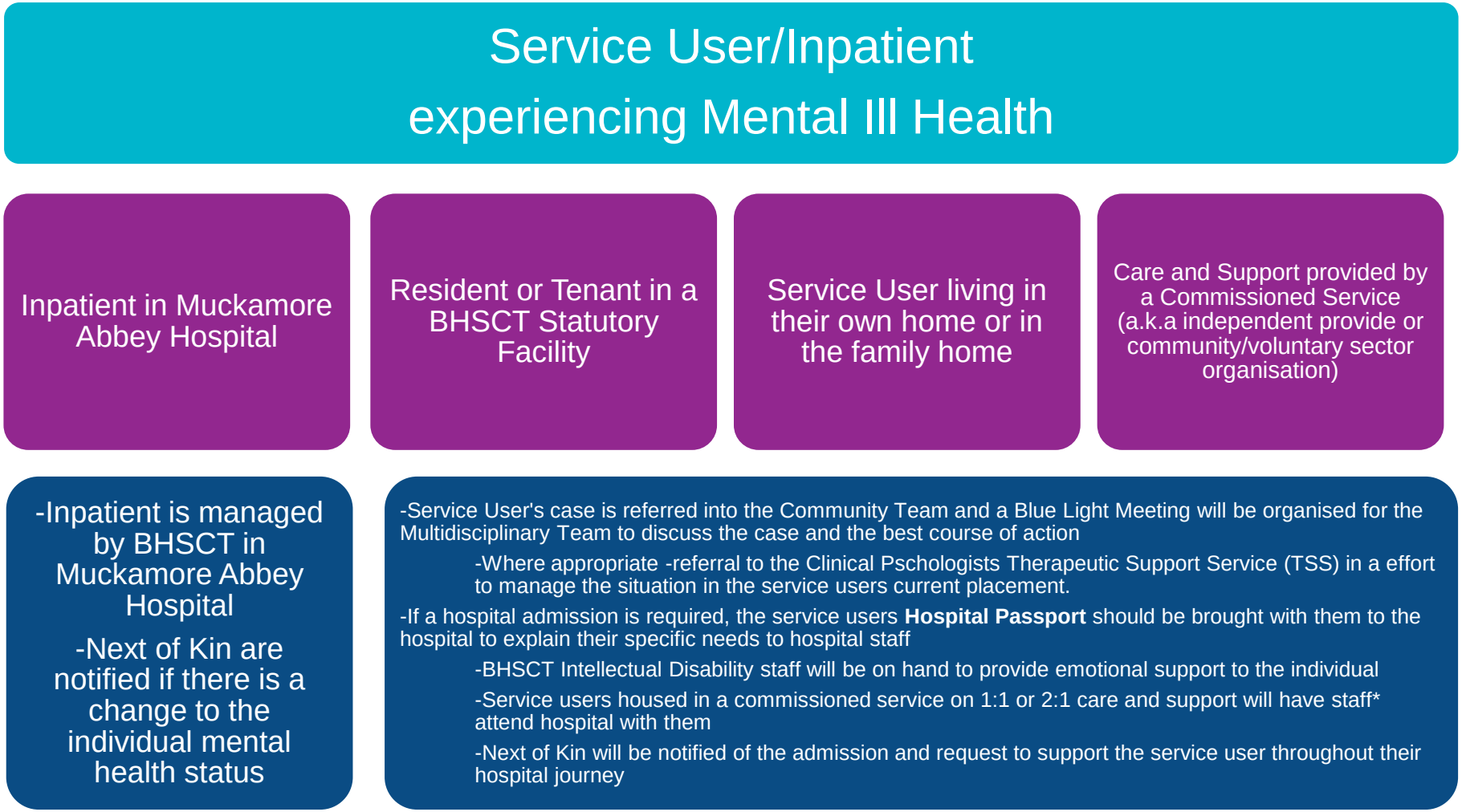


Figure 4: Current Pathway for Service Users experiencing Mental Ill Health



1.6 CHALLENGES WITH RESETTLEMENT

It is important to note there are complexities in the resettlement process of individuals with an intellectual/learning disability from MAH that encompasses more than just their diagnosed disability; for example, behaviours that challenge, mental health issues and Department of Justice detainee processes.

Additionally, some of the remaining patients on site have previously had trial resettlements in community placements, which did not work out for various reasons; such as, complexity of need and range of co-morbidities. The Fifth Report - The treatment of autistic people and people with learning disabilities found that due to the lack of adequate community support and provisions and lack of suitable housing options, some people with an intellectual/learning disabilities and autism sometimes found themselves being discharged from inpatient facilities and then readmitted shortly after; constantly moving between inpatient facilities and community settings.

It is imperative for resettlement to be effective; the Trust must ensure that there is responsive and adequate community support and provision of care for these service users as they leave an inpatient setting to community accommodation.

Implementation of this closure and each resettlement will involve a carefully managed and gradual process. Patients, families and carers were invited to the MAH site on the day of the Permanent Secretary's announcement regarding the future of MAH and individual meetings with patients, families and carers have been undertaken since August 2023 to discuss individual plans. Each Trust is responsible for undertaken these meetings with the patients, carers and families that reside in their care and support area. Additionally, the MAH Forum, a carers group, continues to meet six weekly and resettlement is now a standing agenda item. In his announcement, the Permanent Secretary for Health advise a detailed closure plan will be developed and co-produced by patients and families and loved ones; it is important to note this will look different for each inpatient based on their care and support needs, but in terms of the future of the service and the resources required The Trust are engaging with the DoH and SPPG through the business case and investment proposal processes.

1.7 RESETTLEMENT PROCESS

	The process of resettlement
Stage 1	The resettlement process, the Trust uses is staged over a period of 12-18 weeks; once an individual is accepted by a provider (statutory or independent), the hospital and the provider make arrangements for the provider's staff to start visiting the individual in the hospital environment to build rapport in their current environment.

Stage 2	When this relationship has been established, the individual is taken out on day trips by hospital staff to their new home and begins to move their belongings to their new home
Stage 3	Arrangements are made and the first overnight stay is completed
Stage 4	Service users take up residency in their home for life. Hospital staff continue to check in and work with the service users in stage four to ensure the transition into their new home is complete and successful
Stage 5	Hospital staff begin to withdraw their support gradually as it is imperative for the service users to feel confident and comfortable with their new staff cohort in their new environment
It is important to note, if a service user does not have capacity under the Mental Health Capacity Act, the carers and families will be fully engaged in the process of resettlement and kept up the date with the progress the individual is making by staff.	
Where an individual has capacity, it will be up to them to choose how much information they would like any family or carers to know about their resettlement; staff will always work in the best interest of the patients and reach out for the support of family where appropriate to do so.	

Each patient will have a multi-disciplinary, holistic, and comprehensive care and support needs assessment, which will inform their accommodation needs and personalised care and support packages while taking on board their wishes and those of their family or carers. Personalised risk assessments will also be completed, and the necessary mitigations will be enacted to ensure a placement is sustainable for the individual. Staff will utilise several supportive communication tools to help individuals understand their resettlement process and what life will be like outside the hospital environment. Individuals, families and carers will be updates on daily activity plans and day centre or day opportunities for the service users in the community setting.

1.8 FUTURE SERVICE PROVISION IN INTELLECTUAL DISABILITY SERVICES

The Trust is guided in its approach to closing Muckamore Abbey Hospital (MAH) and redeveloping Intellectual Disability Services by several general principles:

- Services are person-centred
- Services will be delivered at the right time, in the right place, by the right person, for the right length of time based on assessed needs
- Everyone has the right to community living
- Everyone has the right to experience the same level of service regardless of location
- Services will be planned, implemented and evaluated in partnership with users and carers
- All Intellectual Disability services will be provided on a Belfast wide basis

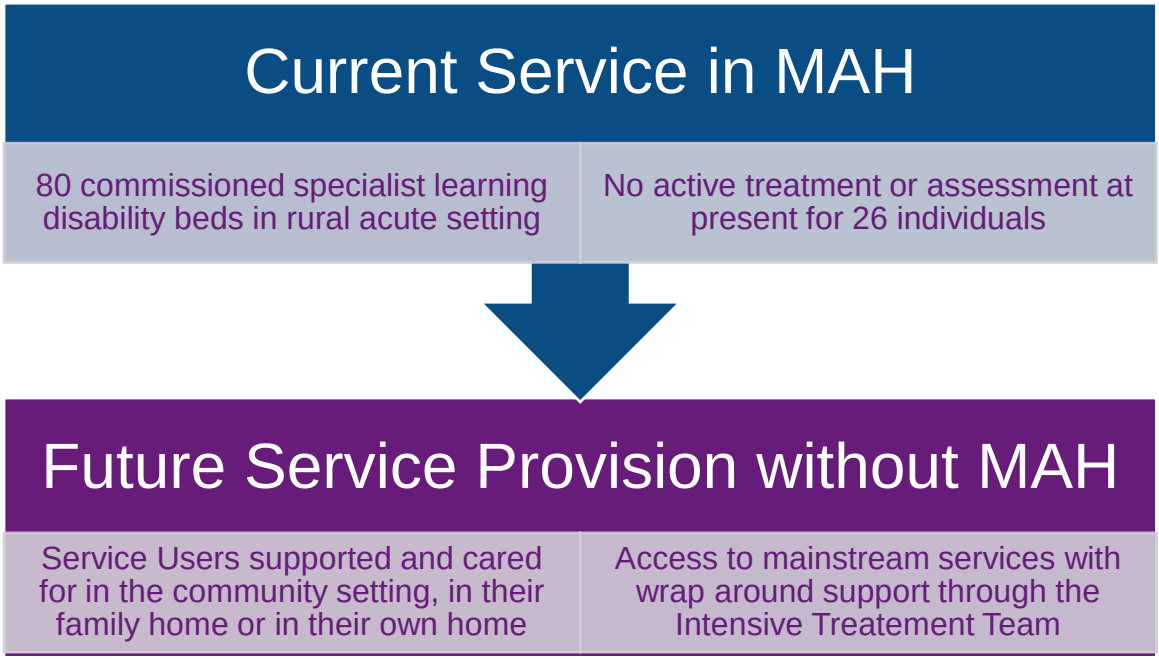
- Service improvement and modernisation will be based on best practice
- Staff will be supported in their professional and personal development; and
- Services will be delivered in an efficient and effective manner within available resources.

It is important to note that the service will be enhanced to support services users, carers and families to live in the community setting and develop strategies to manage admission to mainstream services.

1.8.1 THE FUTURE SERVICE MODEL

The Trust is guided by the Human Rights Acts and UN Convention as well as the goal of assisting individuals to participate in mainstream education, employment and leisure, integration in living accommodation and the use of services and facilities across the public sector, specifically health and social care.

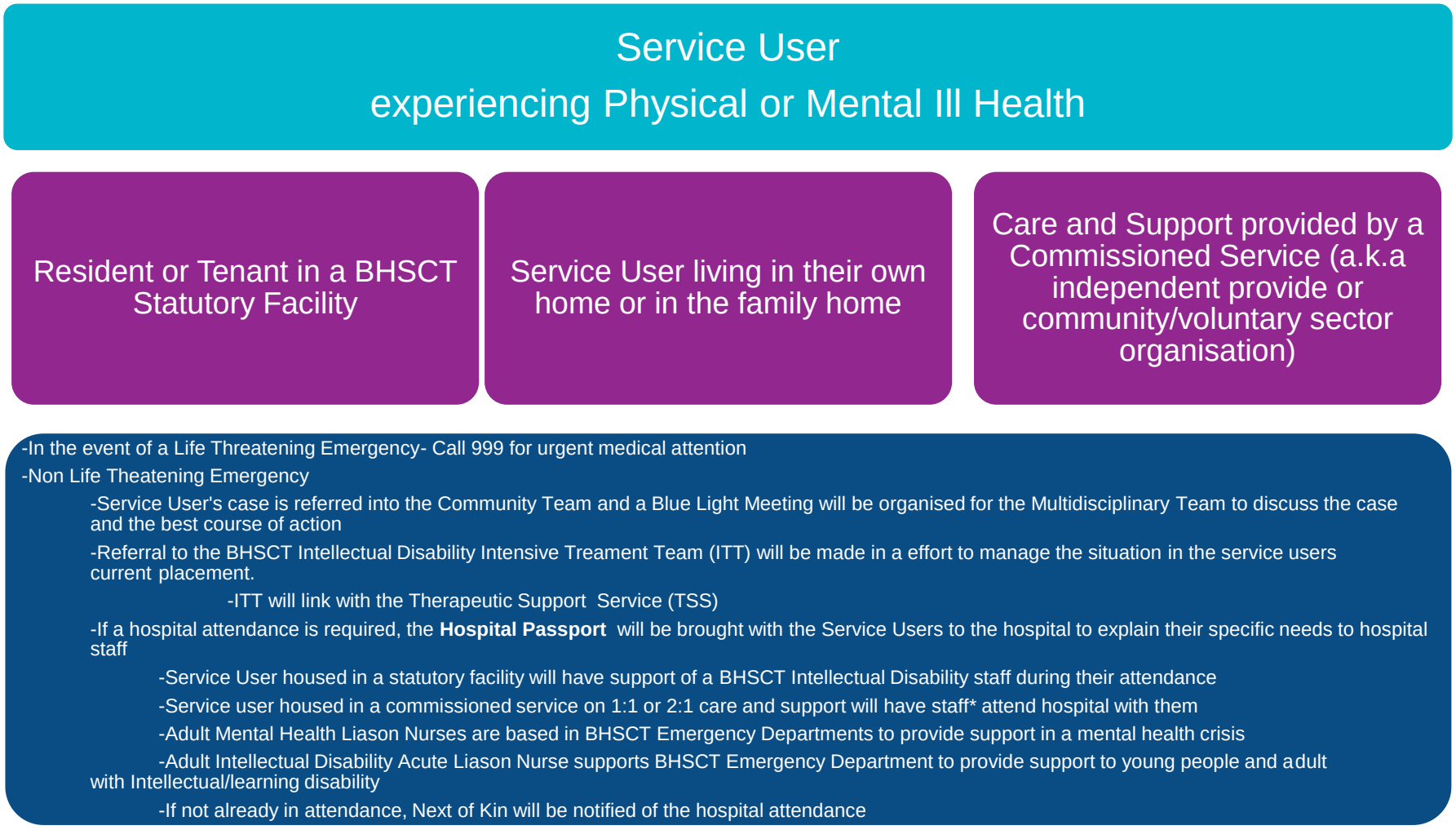
Figure 5: Current Model versus Future Model



The proposed future model takes into account the decommissioning the regional Intellectual Disability hospital, Muckamore Abbey Hospital (MAH), in Northern Ireland and acknowledges an individual with an intellectual/learning disability may need various levels of support to live a life in the community, having more autonomy and independence with the right care and support package. It is important that individuals are empowered and supported to access and utilise all areas of the health and social care service in order to receive the right care in the right place at the right time. The Intellectual Disability Service team are committed to our patients and service users being able to access mainstream services in line with all Northern Ireland citizens. The Trust is looking into enhanced training options for all BHSCT staff to avail of in order to understand the different ways and strategies required to deliver high quality

care to people with an intellectual/learning disability. The figure below illustrates the changes to the model of care when an individual with an intellectual/learning disability experiences physical or mental ill health.

Figure 6: Future Pathway for Service Users requiring experiencing Physical or Mental Ill Health



Financial discussions are underway between the Department of Health (DoH), Strategic Planning and Performance Group (SPPG) and the Trusts to establish how the existing funding allocated to MAH will be reallocated to meet the cost of resettlement and cover the ongoing care of service users with an intellectual/learning disability in the community. Included in these discussions is the provision of specific inpatient beds and the location of these beds is being outworked regionally across the Trust areas with the DoH and SPPG.

While the BHSCT does anticipate a portion of these funds being allocated to other Trusts, it does not anticipate this money being lost to other programmes of care that would not benefit directly the intellectual/learning population of Northern Ireland. This action is aligned to the DoH, SPPG and BHSCT strategic directions and in keeping with the goal of providing care in the community setting rather than institutionalising those with this type of disability.

The DoH is finalising a service framework for the delivery of services to those with an intellectual/learning disability across Northern Ireland. The service framework has been co-produced with staff, carers/family and service users and will inform the overarching strategic direction for Intellectual/Learning disability services throughout the region. In the interim, the Intellectual Disability Service in Belfast Trust have drafted a strategic direction paper to identified service gaps, this information was gathered from feedback of staff, patients and carers from a series of workshops in 2019 and two multidisciplinary team away days. The fundamentals of this paper were presented to the Belfast Trust ID Carers Forum in March 2023 in order to gauge the appetite for this type of work and how to co-produce the way forward.

The Equal Lives report identifies 12 core objectives that direct future policy for improving the lives of people with an intellectual/learning disability. Objectives 4, 5, 6, 7, 8, 10, 11 and 12 relating to accommodation and support, access to mainstream services and training for staff are of relevant to this Equality Impact Assessment (EQIA), which can be viewed in detail in Appendix B at the end of this assessment.

1.8.2 ACCOMMODATION OPTIONS

Service Users are assessed based on their individual needs and their care package and housing needs are matched accordingly. The vision from Bamford and Equal Lives moves away from segregating people with an intellectual/learning disability in services, where they are required to live separately to the community, to a model of integration and participation in the community, which improves the lives of people with a disability and their families by developing responses that are based on a key set of values:

- These values are:
    - Citizenship
    - Social Inclusion
    - Empowerment
    - Working together; and
    - Individual Support.

The Trust has been actively working to secure new purpose-built accommodation or to repurpose existing accommodation with Northern Ireland Housing Executive and Housing Providers.

The Trust provides care to over 100 individual service-users in residential accommodation and supported living accommodation and purchases in care and support from third party providers for over 500 service users. BHSCT understand that there may be many questions when considering longer term plans to support people with an intellectual/ learning disability. Our Future Homes book was developed by service users, carers and staff and helps to explain the process to accommodation and the options that can be considered.

A BHSCT Trust Residential Care Home provide accommodation for those who need extra support in their daily lives. This may include help with eating, drinking, washing, and dressing, going to the toilet or taking medication. Individuals in residential care homes have their own bedroom with ensuite, but share other facilities such as dining room and lounges. BHSCT does not provide any statutory nursing homes for people with an intellectual/learning disability; such homes are only available through independent providers.

Another housing option provided through the BHSCT is Supported Living Services (SLS); SLS can help if a person does not need to live in residential care but finds it difficult to manage a home. There are different combinations of accommodation to suit individual need, such as: support staff on-hand 24 hours a day or provision for an on-call service. Service Users living in supported living accommodation will maintain their own tenancy for the home and staff will visit the service users to care and support as assessed in the individuals' comprehensive needs assessment. During the process of taking up tenancy the Service User will be supported by their Social Worker to apply to the Northern Ireland Housing Executive (NIHE) and Supporting People (SP) Programme for housing benefit. NIHE administers the SP Programme in Northern Ireland on behalf of the Department for Communities (DfC). The SP programme is made up of 4 main thematic groups:

- Older People;
- Young People;
- Disability & Mental Health;
- Homeless.

In 2015, a Departmental (Department of Social Development) Review of Supporting People prioritised an overview of the existing provision of housing support and an assessment of the extent to which needs are being adequately met. The review noted the lack of a systematic, robust process for assessing housing support needs at a regional level and concluded that the current system of needs assessment was not adequate for long term decision making.

In 2020, Supporting People published the final Strategic Needs Assessment report which highlighted the current and future unmet need projections for various vulnerable groups; in terms of learning disability, increasing trends of those living with mental health issues and growing complexity of need could see this indicative gap between supply and need widen when looking at the projections of unmet need, with an undersupply of 18%-32% by 2023, and 20%-46% in 2020, if current supply is maintained.

In December 2021, the Trust undertook an Accommodation Workshop with independent providers to discuss the specific Belfast Trust intellectual/learning disability situation in relation to unmet housing need. At the conclusion of this meeting providers were invited to engage individually with the Trust to propose housing solutions for current and future service users.

1.8.3 RANGE OF COMMUNITY LIVING INITIATIVES

Housing options for individuals with an intellectual/learning disability will not change as a result of the implementation of the closure of MAH. The Trust has been working proactively with various providers across the Trust area to increase offerings available.

The following projects are currently underway based on the proactive approach to housing taken by the BHSCT; some of these options will directly provide housing provision for a portion of inpatients currently in MAH.

Table 1: Current accommodation projects

Provider	Scheme Name	Housing Type	Number of Units	Current Status
Choice Housing and Cedar Foundation	Lanthorn Mews	Supported Living	5 units	Construction ongoing Projected for delivery in Late 2024
BHSCT and Triangle Housing Association	Minnowburn	Supported Living	5 units	Projected for delivery of scheme in 2026/2027

Leonard Cheshire and Alpha Housing	East Belfast	Supported Living	6 units	Business Case submitted to Supported People – awaiting outcome
CWC Group	Ballynahinch Road	Supported Living	6 units	Planning Permission application submitted – awaiting outcome
BHSCT and Clanmil Housing Association	Mullan Mews	Supported Living	4 units	Projected for delivery of scheme in Spring/Summer 2024
Electus Healthcare	Knockbreda Road	Specialist Nursing	11 units	Projected for delivery of scheme in Spring/Summer 2024
Choice Housing	Kilcreggan Extension	Supported Living	6 units	Business Case submitted to Supporting People – awaiting outcome

Each project listed above will be developed in line with clinical best practice, Regulation and Quality Improvement Authority (RQIA), NIHE and Supporting People regulations. Service User, Carers and Families can expect to be involved in the design and decoration of their respective unit to ensure the individual is comfortable in their own home.

Supported housing facilities will accommodate up to 5 or 6 people to make sure that people are not moving into another communal dwelling with multiple, unrelated people. These supported housing dwellings will be built to create an environment where the individuals are able to live comfortably, have the opportunity to spend time with friends and family and to exercise more choice in their lives and to enjoy more privacy. Cognisant that many of the existing patients will have formed friendships amongst themselves and where appropriate, compatibility will be taken into account when moving the individuals in terms of their new homes. Below is an artist's impression of a supported living self-contained apartment:

Figure 7: Artist's impression of supported living self- contained apartment

These drawings are not the final versions of any schemes and are subject to change, based on the care and support needs of the individual service users.

1.8.4 DAY SERVICES

Belfast Trust provides a range of daytime activities for adults with an intellectual/learning disability. Day opportunities are delivered in eight day centres, 4 Community based clubs, 2 social enterprises and 2 community days services across the city.

Activities include:

- Arts and Crafts
- Community-Based Activities
- Health and Leisure
- Access to Further Education

These services are offered to services users to engage them in meaningful activities, integrate them into the local community and to enable them to live their life to the fullest. Below are some examples of the opportunities, we provide for our service users:

Figure 8: Everton Day Centre

Figure 9:

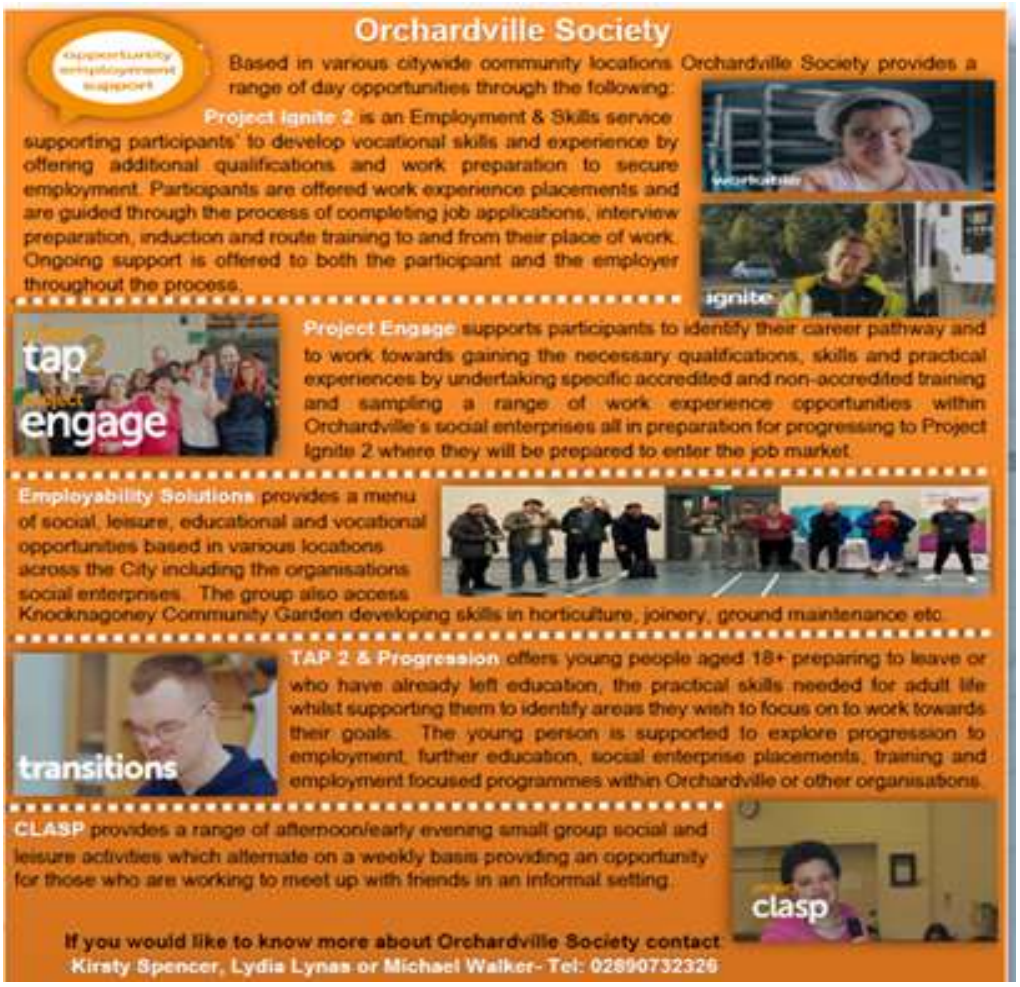
These drawings are not the final versions of any schemes and are subject to change based on the care and support needs of the individual service users.

Figure 10: Example of day opportunities

Day opportunity providers across the city offer employment and work experience and training.

Figure 11: Variety of social enterprises

Figure 12: Orchardville Society



1.9 COMMUNITY SERVICES

Many learning disability services are provided by multi-disciplinary teams. These are groups of professionals who work together to provide services in a coordinated, integrated way. The teams include:

- social workers
- nurses
- psychologists
- psychiatrists
- allied health professionals

People with learning disabilities can experience specific difficulties with their behaviour or mental health. At these times, the individual will benefit from specialist assessment and intervention to work out the reasons for the difficulty and how to intervene.

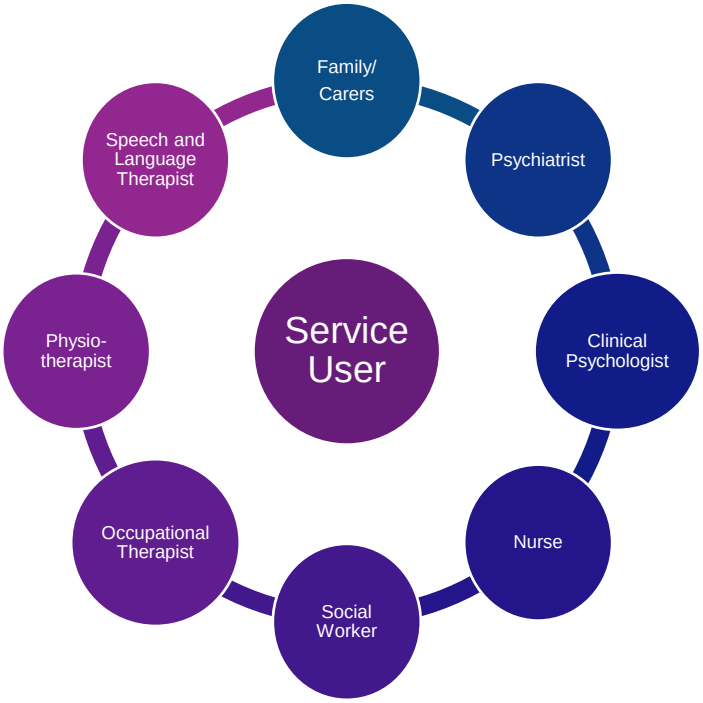
We can offer these specialist services in the community, without the need for the person to go into hospital.

- People with behaviour that challenge can get help through Behaviour Support Services.
- People experiencing feelings of psychological distress can get help through clinical psychologists and the “Hear to Help” service.
- People experiencing mental ill health can get help through mental health specialists, including psychiatrists, psychologists and community learning disability nurses.

1.9.1 INTENSIVE TREATMENT TEAM

The BHSCT Intensive Treatment Team is currently being developed to provide an enhanced service to those living in the community in need of more intensive support to avoid placement breakdown, manage challenging behaviour or physical/mental ill health. This team will provide an elevated level of support to the service user and their family and/or carers, which the general community teams are not able to do. This multidisciplinary team will be based in the community and engaged by a referral from the community teams or independent provider for additional support in relation to the health and wellbeing of a service user.

Figure 13: Intensive Treatment Team Multidisciplinary Team



The Intensive Treatment Team will work in partnership with Carers and Families to ensure the highest quality of care and support is provided to the Service User during their time of need. The team assessment will be informed by the Service User and those who surround them daily to establish a baseline for care and identify the changes that may have led to the current presentation. The team will work with the Service User until their baseline is reached and then handover the ongoing care and support plan to those who provide daily care and support. If achieving baseline is not an option based on mental ill health the Intensive Treatment Team will liaise with Mental Health colleagues for admission to Acute Mental Health Inpatient Services (AMHIC). From February 2022 to August 2023, 12 inpatients were successfully discharged from AMHIC to the care of the community Intellectual Disability Service.

1.10 RESPITE BEDS

The Intellectual Disability Service maintain an emergency respite bed to provide urgent caring breaks to sustain community placements. It is anticipated that the Intensive Treatment Team will flex up and down based on the demand in the system at any given time. During times of low demand for intervention the team will focus on education and upskilling carers, family, and staff across all areas of the community. Additionally, the Intellectual Disability Service is looking at ways to increase the utilisation of respite bed and expand the emergency service provision.

1.11 EARLY INTERVENTION

The Trust is developing teams and structures to ensure that there is early intervention and support for people and their families so that they do not get

anywhere near crisis situations. They will provide a community alternative to admission, through a multi-disciplinary, wrap-around service. They also provide a bespoke level and type of support to help the individual manage or self-regulate. An Assessment and Treatment service will be established to respond effectively to the continuing need to deliver assessment and treatment services for people with a learning disability. They will strive for early intervention to allow people with a learning disability to access timely treatment and where possible, avoid unnecessary acute admission.

Work is underway to develop a Resource Allocation Panel to optimise use of respite and short break alternatives. Effective and timely use of respite can help to deescalate situations and allow time away for the individual and could also benefit carers.

1.12 ACUTE BEDS

Work is underway regionally to scope if there will be a need for some acute assessment and treatment beds and this will be determined by Department of Health.

1.13 OTHER HEALTH AND SOCIAL CARE TRUSTS

Each Trust is responsible for the planning and coordination of inpatients from their Trust area; these plans will be co-produced.

1.14 MAH SWIMMING POOL

In addition to the wards on the MAH site, there is also a swimming pool which is utilised by inpatients and service users from the local community. BHSCT have a planned meeting with NHSCT re current use of the swimming pool, which is used for 26 sessions a week by current inpatients or service users from the local community and the impact that the closure will have and how these needs might be met in the future including the current building. The 8 sessions utilised by BHSCT service users will be displaced regardless of the decommissioning or take over process; the mitigation for this will be to deliver these sessions by booking private pools and leisure centre engagement. The use of private pools will be for those individuals who require closed sessions to maintain their privacy and dignity during their swim.

Specific communication will be sent to those service users, family and carers effected once discussions have concluded and an agreement has been reached.

Table 2: Users of swimming pool

Provider	Number of sessions	Service User
Inspire, Mallusk	2 Sessions per week	2 Service Users resettled from MAH
Cherryhill Supported Living, Antrim	3 sessions a week	up to 3 people per session 2/1
Riverside school, Antrim	3 sessions week	up to 10 people per session 3/7
Manor Health, Templepatrick	1 session per week	up to 5 people per session 2/3
Camphill Community, Glencraig, Hollywood	3 session per week	up to 6 people per session 2/1
Autism Initiative, Belfast	2 sessions per week	up to 6 people per session 2/1
Dorsy Centre, Craigavon	1 session per week	up to 4 people per session 3/1
Sense, Carrickfergus	1 session per week	up to 10 people per session 1/1
Hugomount, Ballymena	1 session per week	2 people per week 2/1
Antrim Adult Centre, Antrim	1 session per week	up to 10 people per session 3/1 1/1
Iveagh Children's Hospital, Belfast	1 session per week	up to 4 people per session 3/1
Braefield, Kells, Antrim, Gold Health Care	1 session per week	up to 6 people per session 5/1
Positive Futures, Belfast	3 session per week	up to 6 per session 2/1
Holywell Hospital, Antrim	1 session per week	up to 4 people per session 3/1
Community-based Service Users attending with Parents/Carers	1 session each per week	up to 4 people per session
Bradley Court, Crumlin Road, Belfast	1 session each per week	up to 3 people per session 2/1

1.15 IMPLICATIONS FOR MAH STAFF

BHSCT recognises the important contribution of its staff in the delivery of safe, effective and high-quality care to our patients and service users. The Intellectual

Disability Collective Leadership Team (CLT) have engaged with BHSCT Human Resources (HR) to undertake the organisational management of change framework. This Framework, and the associated Staff Redeployment Protocol is intended to provide a structured approach for dealing with staff affected by change. This is to ensure the impact on the service is minimised during any period of change, to provide for staff participation during any period of change and to ensure maximum job security in employment and avoiding compulsory redundancies for Trust staff. Adherence to the principles within all employment equality legislation, including the Northern Ireland Act 1998, the Fair Employment and Treatment Order (NI) 1998, the Employment Rights Act 1996 and the Disability Discrimination Act 1995 (as amended) is an integral aspect of this Framework.

A working group has been set up with CLT, Trade Unions, Planning and Equality, Human Resource to manage the organisational change and address questions and concerns put forth by affected staff groups.

All permanent BHSCT staff will have the opportunity to discuss individual concerns with their line managers and create a personalised plan for their future. Vacancy controls will be put in place to ensure staff are able to consider new roles that are coming up Trust wide.

The CLT have also written to the Northern Health and Social Care Trust to enquire what is available for those staff who do not want to leave the Antrim areas for work. Additionally, where staff require training or upskill for roles elsewhere in the Trust, they will be provided the opportunity to undertake this learning.

SECTION 2.0. LEGISLATIVE FRAMEWORK

2.1 SECTION 75 OF THE NORTHERN IRELAND ACT 1998

The Section 75 legislation 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.

Under the statutory duties contained within Section 75 of the Northern Ireland Act 1998 and in accordance with the Belfast Trust's Equality Scheme, the Trust is required to carry out an equality impact assessment (EQIA) on each policy or proposal where the screening outcome is major and is applicable where:

- The proposal is highly relevant to the promotion of equality of opportunity,
- It affects a large number of people or where it affects fewer people but where its impact on them is likely to be significant
- It is a strategic policy or has a significant budget attached
- Further assessment provides a valuable opportunity to examine evidence and develop recommendations

2.2 WHAT IS AN EQUALITY IMPACT ASSESSMENT?

It is a policy development tool, which assists policy makers/decision makers to take account of the needs and effects of the implementation of this decision on people within the Section 75 equality groups. A draft EQIA is produced and published, and this facilitates openness, transparency and early engagement in the process.

An EQIA determines the extent of differential impact upon the relevant groups and in turn establishes if the impact is adverse. If so, then the Trust must consider

alternative policies to better achieve equality of opportunity or measures to mitigate the adverse impact.

This draft EQIA has been produced in accordance with the ECNI Guidelines

Table 3: 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

2.3 HUMAN RIGHTS ACT 1998

Section 6 of the Human Rights Act 1998 says public authorities like the Health and Social Care Board and Health and Social Care Trusts must comply with the duties set out in the European Convention on Human Rights, e.g.: “It is unlawful for a public authority to act in a way which is incompatible with a Convention right.” Legal judgements have highlighted that delayed discharge breaches are incompatible with obligations pursuant to section 6 of the Human Rights Act 1998 and Article 8 of the European Convention on Human Rights.

The State also has a duty to protect an individual’s human rights when it has assumed responsibility for their welfare and safety, as we have with patients in Muckamore Abbey Hospital.

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 and makes it unlawful for a public body to act incompatibly with the convention rights.

2.3.1 ARTICLE 2: RIGHT TO LIFE

"Everyone's right to life shall be protected by law..."

This article requires the State to take suitable steps to safeguard the lives of people within its jurisdiction.

To fulfil this duty, the Trust will continuously risk assess and monitor the physical, emotional and mental health and well-being of patients throughout the process and after the patients are resettled in the community. The Trust will work closely with families and carers and new housing providers to uphold and promote the wellbeing of these individuals.

2.3.2 ARTICLE 8: RIGHT TO RESPECT FOR PRIVATE AND FAMILY LIFE, HOME AND CORRESPONDENCE.

There shall be no interference by a public authority with the exercise of this right except such as is in accordance with the law and is necessary in a democratic society in the interests of national security, public safety or the economic well-being of the country, for the prevention of disorder or crime, for the protection of health or morals, or for the protection of the rights and freedoms of others."

When implementing the decision to close MAH, this will involve changes to where patients currently live, this refers to their home and as such affects their right to private life. Proposed resettlements may constitute what Article 8(1) calls 'interference'. However, the resettlement of patients will be both lawful and seek to achieve the legitimate aim of the Bamford Equal Lives work, the Resettlement Programme and the most recent Resettlement Review, which found that an updated strategy for people with learning disabilities and their families should consolidate the long-standing goal that no-one should call a hospital their home.

Previous legal judgements outlined that delayed discharge breaches are incompatible with section 6 of the Human Rights Act 1998 and Article 8 of the European Convention on Human Rights. Therefore, the Trust is under not only an ethical and strategic obligation but also a legal imperative to achieve full resettlement.

The Trust strives to ensure that respect for human rights, particularly Article 8, (parts i and ii), 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.

2.3.3 ARTICLE 14, PROHIBITION OF DISCRIMINATION

In relation to the enjoyment of the rights set out in the Human Rights Act 1998 as follows:

> *"The enjoyment of the rights and freedoms set forth in this Convention shall be secured without discrimination on any ground such as sex, race, colour, language, religion, political or other opinion, national or social origin, association with a national minority, property, birth or other status."*

2.4 UNITED NATIONS CONVENTION OF THE RIGHTS OF PEOPLE WITH A DISABILITY

The United Nations Convention on the Rights of People with a disability is an international human rights treaty adopted in 2006. The UK agreed to follow it in 2009. By following it, the UK and its public authorities agree to protect and promote the human rights of disabled people, including eliminating disability discrimination. It is the first international, legally binding instrument setting minimum standards for rights of people with disabilities and states that persons with disabilities have the same rights as everyone else.

It means the Government and public authorities are legally bound to protect the Human Rights of people with disabilities. The Convention marks a shift in thinking about disability from a social welfare concern to a human rights issue, which acknowledges that societal barriers and prejudices are themselves disabling.

The following articles are of note, whilst implementing this decision:

2.4.1 ARTICLE 19, THE RIGHT OF DISABLED PEOPLE TO INDEPENDENT LIVING,

Recognises the equal right of all persons with disabilities to live in the community, with choices equal to others, and that public authorities will take effective and appropriate measures to facilitate full enjoyment by persons with disabilities of this right and their full inclusion and participation in the community, including by ensuring that:

a) they have the opportunity to choose their place of residence and where and with whom they live on an equal basis with others and are not obliged to live in a particular living arrangement;

b) they 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;

c) Community services and facilities for the general population are available on an equal basis to persons with disabilities and are responsive to their needs.

Any new social care model must ensure that all disabled people are free to choose the type of assistance they require to support a good quality of life and prevent isolation and economic hardship.

2.4.2 ARTICLES 25, THE RIGHT TO HEALTH

States that disabled people have the right to the enjoyment of the highest attainable standard of health without discrimination based on their disability. They must be afforded equal access to health services, that caters for their needs and as close as possible to people's own communities, including in rural areas.

2.4.3 ARTICLE 28, ADEQUATE STANDARD OF LIVING AND SOCIAL PROTECTION,

Requires that disabled people are protected from any measure that would have the effect of diminishing the state's obligation to maintain these rights.

2.5 DISABILITY DISCRIMINATION ACT 1995 (AS AMENDED)

Under Section 49A of the Disability Discrimination Act (DDA) 1995, 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 attitudinal and environmental factors (such as the way in which services are designed or delivered), rather than limitations arising from the person's disability.

SECTION 3.0: CONSULTATION

Belfast Health and Social Care Trust Board will consider the draft EQIA on the actions proposed to implement the DOH decision to close Muckamore Abbey Hospital by June 2024 (subject to all patients being successfully resettled).

The Trust will consult as widely as possible on the future proposed model, the potential impact of implementing the closure and the measures taken to reduce any adverse impact.

3.1 ALTERNATIVE FORMATS

In accordance with its statutory commitments as outlined in its Equality Scheme, the Trust will produce the information in alternative formats on request to ensure there are no barriers to the consultation process.

The Trust will produce documentation in hard copy and online copy and in alternative formats on request. An easyread of this document will be produced by TILII Translates (a social enterprise initiative engaging adults with learning disabilities to transcribe information into an accessible format). All enquiries or request for the papers in an alternative format, please contact:

Orla Barron

Equality and Corporate Planning Lead

Belfast HSC Trust

1st Floor, Administration Building

Knockbracken Healthcare Park

Saintfield Road, Belfast

Tel: 028 95 046 567

Mobile: 078 25 146 632

E-mail: orla.barron@belfasttrust.hscni.net

3.2 CONSULTATION TIMEFRAME

Subject to Trust Board approval, the draft Equality Impact Assessment will be issued for 13 weeks formal consultation on 30th November 2023 until Friday 1st March 2024.

The Trust will undertake consultation and will continue to proactively involve families, carers, staff, Trade Unions, Primary Care and all other stakeholders, when the proposal is issued for formal consultation. Independent advocates will be used to maximise engagement.

The Trust is committed to make every effort over the thirteen week consultation period to engage as widely as possible with those who use our services and with our staff. The Trust will seek to consult with as many stakeholders including families, carers, and special interest groups. The Trust encourages as many people as possible to respond and have their voice heard in this public consultation process.

The Trust, mindful of its obligations under its Equality Scheme, has and will consider the accessibility and format of each method of consultation to ensure any barriers to the consultation process are removed, for instance, what it could do to best communicate with older people, people with disabilities, carers. The Trust wants to ensure that people who have disabilities and their families and carers can engage in the process. Independent advocates will be engaged to facilitate full and responsive communication.

The Trust is also cognisant of its responsibilities under The Disability Discrimination Act 1995 (as amended) i.e., to promote positive attitudes toward disabled people and to encourage participation of disabled people in public life

The Trust welcomes any comments, which you may have in terms of the Equality impact assessment. A copy of this EQIA report and easyread is available on the Trust's website at http://www.belfasttrust.hscni.net

SECTION 4.0 CONSIDERATION OF AVAILABLE DATA AND RESEARCH

In line with the Equality Commission (NI) Guide to the Statutory Duties and EQIA Guidelines, we drew data from a number of sources to help us prepare this EQIA. Both Qualitative and Qualitative data sources were considered to help inform the assessment of impact.

We gathered data for:

- Current patients
- Potential future patients
- Staff

Bamford Report and Equal Lives set out a vision for developing services for people with an intellectual/learning disability over the next 15 to 20 years. The vision moves away from segregating people with and intellectual/learning disability in services where they are required to live separately to the community, to a model of integration and participation in the community, which improves the lives of people with a learning disability.

The review found that:

> *"Learning-disabled people in Northern Ireland do not enjoy equality of opportunity and are often excluded from the opportunities that other citizens enjoy. Their families frequently suffer high levels of social disadvantage and their caring responsibilities can place them under almost unbearable levels of stress. There is evidence of progress having been made, but in order to tackle these difficulties there is a need for major co-ordinated developments in support and services and a continuing change in attitudes over at least the next fifteen years."*

A clear recommendation from the review was a focussed resettlement of long-stay hospital in-patients and maintained that supported living as a basis for promoting independence, where people have real choices about where they live, who they live with and what kind of life they can live. However, contributors to the review did highlight that this approach may not suit everyone - people with severe or profound disability for example, or those with challenging behaviours.

Review of Mental Health and Learning Disability in Northern Ireland, 2002 by the Department of Health, Social Services and Public Safety (DHSSPS)

TRANSFORMING YOUR CARE published by the Minister for Health in 2011 further consolidated the commitment to close long-stay institutions and complete resettlement by 2015.

SYSTEMS, NOT STRUCTURES identified the need to provide appropriate resourcing for service across general practice and primary care, mental health, learning disability and community care for the betterment and wellbeing of all citizens of Northern Ireland.

HEALTH AND WELLBEING 2026 DELIVERING TOGETHER promoted person-centred care, and focussed on prevention, early intervention, supporting independence and wellbeing. Specifically it states there should be better specialist mental health services in Northern Ireland, expansion of services in the community, services to deal with the trauma of the past and a commitment to parity of esteem between mental health and physical health.

A REVIEW OF SAFEGUARDING AT MUCKAMORE ABBEY HOSPITAL - A WAY TO GO

In response to reports of inappropriate behaviour and the alleged abuse of patients by some staff in Muckamore Abbey Hospital, the Belfast Trust commissioned an independent team to undertake a Serious Adverse Incident (SAI) review to examine safeguarding practices at the Hospital between 2012 and 2017, chaired by Dr Margaret Flynn.

A comprehensive Summary of the Review, compiled by the Chair of the review team, detailing what the review team found; important considerations; lessons identified and recommendations by the team, patients' families, hospital staff, Trust senior managers and the RQIA. These allegations of abuse at MAH are the subject of a criminal investigation and are also being considered by the MAH Public Inquiry,

THE REVIEW OF LEADERSHIP AND GOVERNANCE AT MAH

An Independent Review Team was commissioned by the Health and Social Care Board (HSCB) and Public Health Agency (PHA) at the request of the Department of Health (DoH) to review leadership and governance arrangements within the Belfast Trust between 2012-2017 to ascertain to what degree, if any, said leadership and governance arrangements contributed to the abuse of vulnerable patients going undetected. One of the recommendations out of this report was for the DoH to give consideration to the service model for learning disability services into the future as well as considering the future of Muckamore Abbey Hospital.

A HEALTHIER FUTURE – A 20 YEAR VISION FOR HEALTH AND WELLBEING IN NORTHERN IRELAND – 2005-2025

This strategy presents a vision of how Health and Social Care Services will develop in Northern Ireland. It sets out various targets and objectives for older people and includes issues such as:

- Promoting health and wellbeing
- Protecting and caring for the most vulnerable
- Delivering services effectively and efficiently within the available resources

- Closer working between all of the people and organisations who influence health and wellbeing
- Improving the mental health and wellbeing of people aged 65 and over.

MENTAL HEALTH STRATEGY NORTHERN IRELAND 2021-2031

The strategy is person centred, takes a whole life approach and a whole system focus and the key aim is to ensure long term improved outcomes for people's mental health. It recommends that additional funding for mental health services should include access for those most vulnerable in our society, including those with learning disability. This report supported the introduction of a specific learning disability service model in Northern Ireland.

LEARNING DISABILITY AND DATA NI

The University of Ulster and others carried out data analysis with financial support from the Economic and Social Research Council. This work was supported by HSCNI organisations, both statutory and non-statutory. The research focussed on access and analysis of existing administrative data relating to learning disability in Northern Ireland between 2007 and 2011.

4.1 PREVALENCE

The findings from the aforementioned analysis included prevalence data and demonstrated that the prevalence of learning disability was 2.2% at that time. Within the 2021 Northern Ireland (NI) Census NI, citizens were for the first time able to explicitly report that they (or members of their household) live with a learning disability. Another first was that the Census included 'Autism or Asperger syndrome' as a listed health condition and 35,000 people were recorded with this condition. Of this, 19,000 children (or one child in twenty) had 'Autism or Asperger syndrome' recorded –this amounts to 1.9% of the population. Census 2021 in Northern Ireland also recorded that 3.1% of the population have learning difficulties and that 0.9% have an Intellectual or learning disability (for example, Down syndrome). The least prevalent long-term health condition was 'Intellectual or learning disability'. It is important to caveat these figures, in that they are self-reported health conditions and so they may be lower than the actual levels.

4.2 LEVELS OF DEPRIVATION

On the basis of the Census data, they found that learning disability was also associated with greater deprivation. Internationally, there is a growing body of research which highlights the extreme disadvantages that are disproportionately faced by those in society living with a learning disability. This can be attributed to limited access to education and employment opportunities therefore leading to a limited income. Furthermore, there have traditionally been fewer options for them to

engage in meaningful activities and public life. The Bamford Review found that the families of people with learning disabilities often experience high levels of social disadvantage.

4.3 CO-MORBIDITIES

The most commonly co-occurring health conditions were communications difficulties (53.2%), mobility issues (52.1%), mental health problems (45.7%), memory loss (25.2%) and respiratory problems (24%).

LEARNING DISABILITIES SERVICE FRAMEWORK NI **2013/2015** set out standards and provision of Learning Disability Services. In regard to accommodation needs, its states that:

- Person-centred support plans should identify the person's preferred living arrangements, and these should be regularly reviewed. It is important that as family carers age they are supported to plan to allow for a smooth transition to new care arrangements either within the family or in supported accommodation.
- Small-scale, supported living arrangements (5 persons or less) have been shown to offer a better quality of life for people with a learning disability as compared to congregated living arrangements.
- People living outside of family care should have a tenancy or occupancy agreement to offer them security of tenure along with an agreement to the number of support hours available to them individually.
- People should be involved in decisions about sharing their homes with others. As far as possible they should be offered a choice of accommodation in a locality of their choosing.

The new service framework for Intellectual Disability Services is currently with the Department of Health awaiting finalisation and publication.

INDEPENDENT REVIEW OF THE LEARNING DISABILITY RESETTLEMENT PROGRAMME in Northern Ireland, 2022

PUBLIC AUTHORITIES/S75DATASIGNPOSTINGGUIDE.PDF

- Section 75 of the NI Act 1998: Guide for Public Authorities' 2010, Equality Commission for Northern Ireland
- Framework on the Management of Staff affected by Organisational Change and the Staff Redeployment Protocol
- Belfast Trust's Equality Scheme which incorporates the Trusts Human Rights obligations and disability duties.

4.4 INEQUALITIES FOR PEOPLE WITH A LEARNING DISABILITY

Whilst in general the health of people in Northern Ireland has been improving over time, health inequalities remain. Not everyone has had an equal chance of experiencing good health and wellbeing.

People with and intellectual/learning disability and mental health conditions have higher morbidity and mortality rates than the overall population, and not always due to reasons related to their disability. People with an intellectual/learning disability have worse physical and mental health than people without a learning disability. On average, the life expectancy of women with a learning disability is 18 years shorter than for women in the general population. The life expectancy of men with a learning disability is 14 years shorter than for men in the general population.

To ensure access to healthcare that meets the needs of people with a learning disability, the Trust is legally obliged to make reasonable adjustments.

4.5 THE DOH PUBLIC CONSULTATION ON FUTURE OF MUCKAMORE ABBEY HOSPITAL

This consultation considered the future role of Muckamore Abbey Hospital and is proposing its closure as a regional specialist Learning Disability hospital. It signalled the Department of Health's clear intention to close the hospital to help support and accelerate the direction of travel to deliver on the long-standing policy aims set as aforementioned – the resettlement of long-stay patients into appropriate community facilities and support.

The consultation confirmed that any decision to close the hospital would involve a defined timescale for closure, and would be accompanied by a plan, co-produced with current hospital patients and their families, clearly setting out how the services currently provided on the MAH site will be delivered in agreed alternative settings. Any closure would not take effect until all the current patients were successfully resettled to agreed alternative accommodation placements in the community. The Permanent secretary announced in July 2023, that the decision to close Muckamore Abbey Hospital had been taken and that it would be due to close in June 2024, subject to successful resettlement of all current patients.

4.6 AVAILABLE DATA IN RESPECT OF EACH OF THE SECTION 75 GROUPINGS FOR SERVICE USERS.

Table 4: Section 75 Demographics of Patients

Equality Category	Service Users	Quantitative Data **(Using 2021 Census data unless otherwise stated)**		
		Belfast Population only	NI Population	**Patients affected %**
1. Age	0-14 15-24 25-34 35-44 45-54 55-64 65-74 75+	18.04% 14.57% 15.47% 13.35% 11.85% 12% 7.8% 6.92%	19.19% 11.8% 12.74 13.11% 13.27 12.73 9.3% 7.86%	0% 6.00% 38.00% 28.00% 13.00% 9.00% 3.00% 3.00%
2. Dependent Status	Caring for a child dependant, older person or a person with a disability		12.42 % are carers	0.00%
3. Disability	Yes* no *Type of disability: • Deafness or partial hearing loss • Blindness or partial sight loss • Mobility or dexterity difficulty that requires the use of a wheelchair • Intellectual or learning disability • Learning difficulty • Autism or Asperger Syndrome • Emotional, psychological or mental health condition • Frequent periods of confusion or memory loss		24.33%* 75.67% 5.75% 1.78% 1.48% 0.89% 3.15% 1.86% 8.68% 1.99% 11.58% 10.29%	100.00% 3.00% 3.00% 6.00% 100.00% 34.00%

	• Long term pain or discomfort • Shortness of breath or difficulty breathing • Autism • ADHD		8.81%	 34.00% 6.00%
4. Men and Women generally	Female Male		50.81% 49.19%	16.00% 84.00%
5. Marital Status	Single Married Civil P'ship Separated Divorced Widowed	49.82% 32.94% 0.26% 4.73% 6.15% 6.1%	38.07% 45.59% 0.18% 3.78% 6.02% 6.36%	100.00% 0.00% 0.00% 0.00% 0.00% 0.00%
6. Race Ethnicity	White BME	92.95% 7.05%	96.55% 3.45%	97.00% 3.00%
7. Religion	Roman Catholic Presbyterian Ch. of Ireland Methodist Other Christian Other Religions No Religion Religion not stated	43.46% 12.44% 8.49% 2.86% 5.95% 2.96% 21.67% 2.17%	42.31% 16.61% 11.55% 2.35% 6.85% 1.34% 17.39% 1.6%	35.00% 6.00% 28.00% 0.00% 0.00% 28.00% 3.00% 0.00%
8. Political Opinion Based on total elected candidates in the local government elections 2023 ***Figures extracted from Lisburn and Castlereagh Council 2023.***	 DUP SF SDLP UUP APNI Green PBP IND Trad. UP	Belfast 14 22 5 2 11 3 1 1 2	C'reagh* 3 2 1 1 5 0 0 0 0	Not recorded

9. Sexual Orientation	Straight or heterosexual Gay or lesbian Bisexual Other Prefer not to say Not stated	87.1% 2.27% 1.48% 0.32% 5.2% 3.64%	90.04% 1.17% 0.75% 0.17% 4.58% 3.30%	Not recorded

4.7 AVAILABLE DATA IN RESPECT OF EACH OF THE SECTION 75 GROUPINGS FOR STAFF

4.7.1 WORKFORCE PROFILE OF TRUST STAFF COMPARED TO THAT OF STAFF AFFECTED BY THE PROPOSAL AND LOCATED AT MUCKAMORE ABBEY SITE, ANTRIM.

This proposal is likely to impact upon the staff working within the Muckamore Site.

Below is a table of overall Trust Staff by Section 75 categories and those staff who are currently located at the Muckamore Abbey Location:

Table 5: Percentage of Trust Staff by S.75 categories and those who are currently based at the Muckamore Abbey Site

Equality Category		01 Jan 23 % H/C	MAH Aug 23 % headcount
1. Age	**16-24**	6%	4%
	25-34	24%	18%
	35-44	25%	23%
	45-54	22%	26%
	55-64	19%	25%
	>=65	4%	4%
2. Caring Responsibilities		**01 Jan 23 % H/C**	**MAH Aug 2023 % H/C**
	No	24%	18%
	Not Assigned	58%	58%
	Yes	18%	24%
3. Disability		**01 Jan 23 % H/C**	**MAH Aug 23 % H/C**
	No	63%	59%
	Not assigned	35%	39%
	Yes	2%	3%

4. Men and Women Generally		**01 Jan 23 % H/C**	**MAH Aug 2023 % H/C**
	Female	77%	72%
	Male	23%	28%
5. Marital Status		**01 Jan 23 % H/C**	**MAH Aug 23 % H/C**
	Married/Civil Partnership	43%	49%
	Other	4%	7%
	Single	25%	22%
	Unknown	28%	22%
6. Ethnicity		**01 Jan 23 % H/C**	**MAH Aug 23 % H/C**
	Other Ethnicity	4%	1%
	Not Known	31%	35%
	White	65%	63%
7. Nationality		**01 Jan 23 % H/C**	**MAH Aug 23 % H/C**
	British/UK	20%	30%
	Irish	15%	10%
	Not Known	62%	57%
	Northern Irish	2%	2%
	Other	1%	1%
8. Community Background		**01 Jan 23 % H/C**	**MAH Aug 23 % H/C**
	Not Known	23%	17%
	Protestant	33%	43%
	Roman Catholic	43%	41%
9. Religious Belief		**01 Jan 23 % H/C**	**MAH Aug 23 % H/C**
	Christian	30%	32%
	Not Known	59%	53%
	None	10%	13%
	Other	1%	2%
10. Political Opinion		**01 Jan 23 % H/C**	**MAH Aug 2023 % H/C**
	Broadly Nationalist	7%	6%
	Broadly Unionist	6%	7%
	I do not wish to answer	21%	26%

	Not assigned	58%	53%
	Other	8%	7%
11. Sexual Orientation		**01 Jan 23 % H/C**	**MAH Aug 2023 % H/C**
	Both sexes	0%	0%
	I do not wish to answer	5%	7%
	Not assigned	50%	48%
	Opposite sex	43%	44%
	Same sex	2%	1%

This excludes staff based at Cherryhill and Greystone locations

SECTION 5.0: ASSESSMENT OF IMPACT

5.1 SCOPE OF THE ASSESSMENT

The scope of this assessment focuses on the potential impact on equality and human rights in terms of the Trust's implementation of the DOH decision to close Muckamore, meaning that there will be no longer be a regional specialised inpatient facility for assessment and treatment for people with a learning disability.

However, there will be mainstream facilities available to all service users and inpatients with the support of community Intellectual Disability Staff and access to acute beds, as required. As discussed in the introduction, investment will be made in the community setting to support service users in their homes.

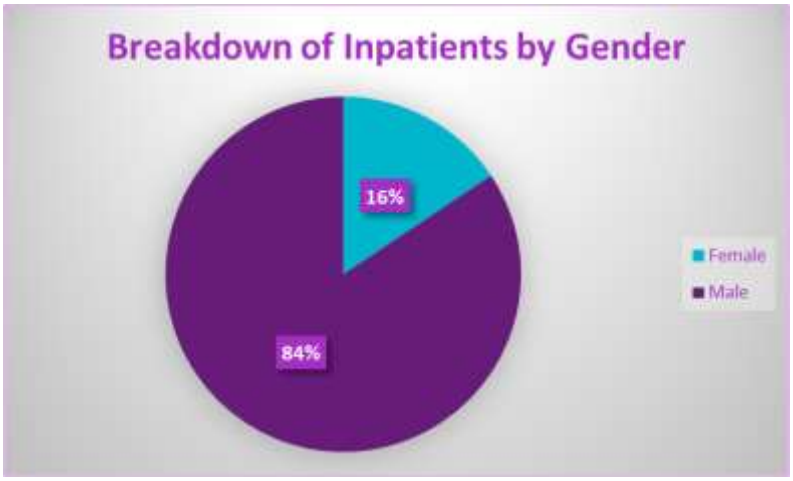
The scope of the impact of this EQIA is related to potential impact on the following groups of people:

- Patients and their families and carers
- Potential future patients and their families and carers
- Trust staff

5.2 CURRENT MAH PATIENT PROFILE

5.2.1 MEN OR WOMEN GENERALLY

Figure 14: Breakdown of inpatients

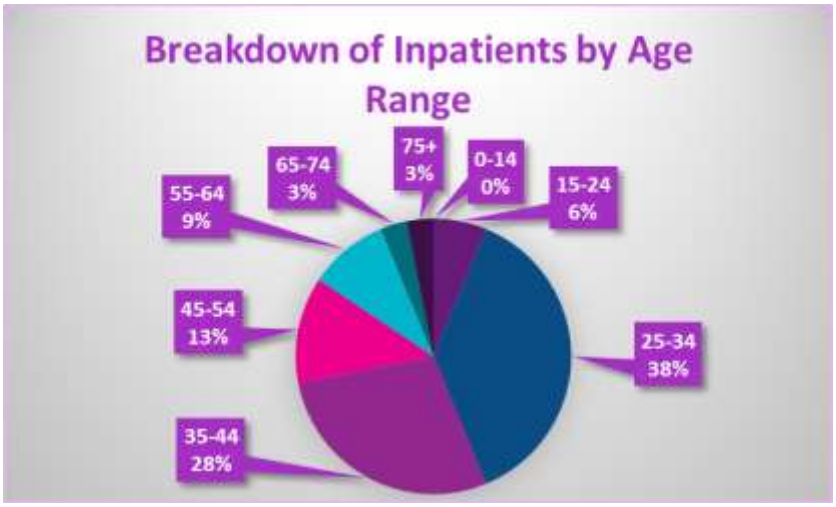


The current patients in Muckamore Abbey Hospital are predominantly male. There are different schools of thought, as to why there are more males than females and it may be attributed to physiological differences in the brain, how they present, or greater levels of disturbance) so there will be a differential impact on males. The

Trust recognises that the impact of resettlement can be significant – particularly for those who have lived in the hospital for a long period of time.

5.2.2 AGE

Figure 15: Age breakdown of inpatients



On average, the life expectancy of women with a learning disability is 18 years shorter than for women in the general population. And the life expectancy of men with a learning disability is 14 years shorter than for men in the general population (NHS Digital 2017).

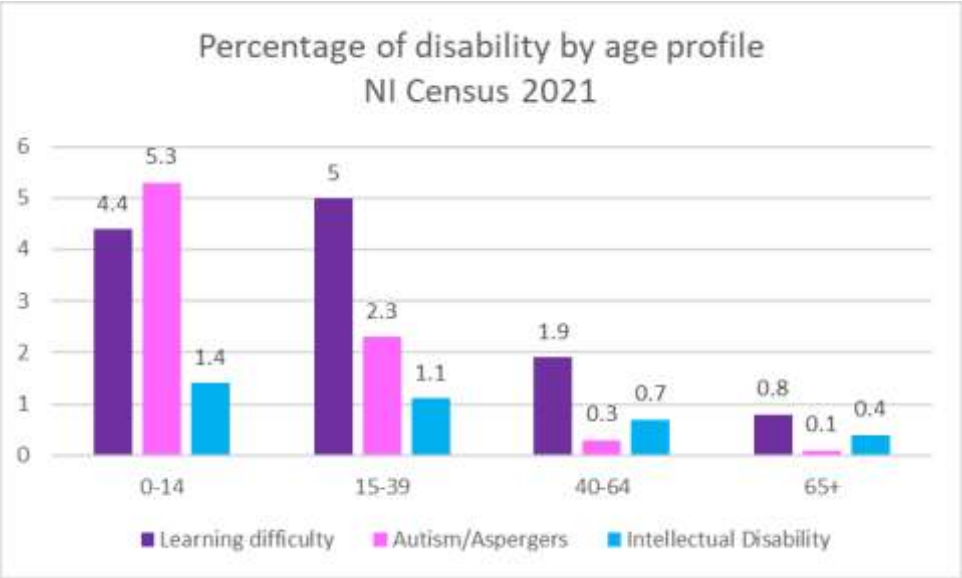
The hospital caters for patients with a learning disability and mental health issues or challenging behaviours, who are over 18. Amongst the current patients, there are a small number of young adults who are between 18 and 24, with the largest percentage 38% affected by the closure being between 25 and 34 and the next cohort 28% aged between 35 and 44, followed by 13% who are aged between 45 and 54, 9% by those who are aged 55-64, and 3% of those aged between 65 and 74 and 3% also of those aged over 75. Whilst the largest groups are aged between 25 and 44, the impact may be disproportionally significant for those older patients, who have spent most of their adult lives in MAH.

5.2.3 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. The Disability Discrimination (Northern Ireland) Order 2006 broadened the definition of disability to cover some Cancer, HIV disease and Multiple Sclerosis. It was further amended by the Autism Act (Northern Ireland) 2011 to cover social interactions and forming social relationships.

Census 2021 statistics show that 24.33% of the population in Northern Ireland have a disability, however, only 3% of the population are born with a disability, as people often acquire a disability as they get older. The Census figures also showed that 0.89% of the population of NI have a learning disability, with the largest percentage aged between 15 and 39, and the second largest cohort aged between 0-14. The smallest percentage are aged 65 and over and this could be attributable to the reduced life expectancy of people with a learning disability.

Figure 16: 2021 Census Data relating to learning disability



Due to the nature of the care provided, 100% of the individuals would be deemed to have a learning disability and mental health and often sensory challenges. The figures below highlight that 2/3 of the current inpatients have sensory support needs in addition to autism, whilst a small percentage have either a physical disability or sight loss or hearing loss. These comorbidities will be taken into consideration and helped to formulate the individual needs of these patients for their future accommodation and care package.

Figure 17: Inpatients with sensory disability

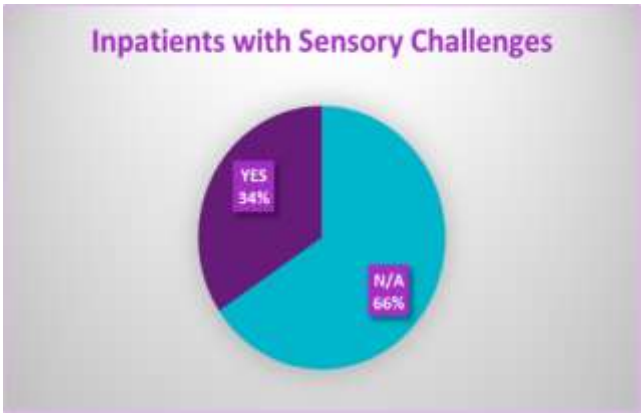


Figure 18: Inpatients with autism

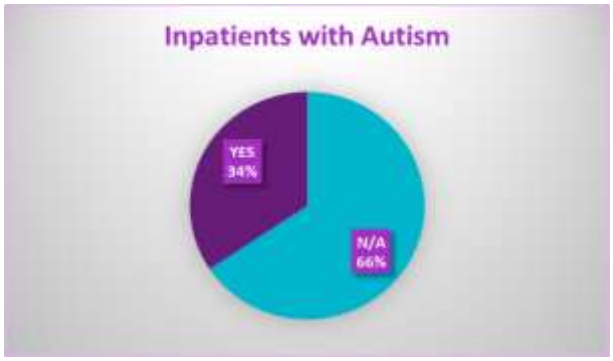
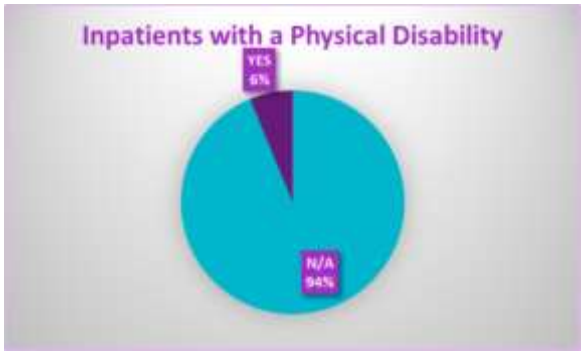
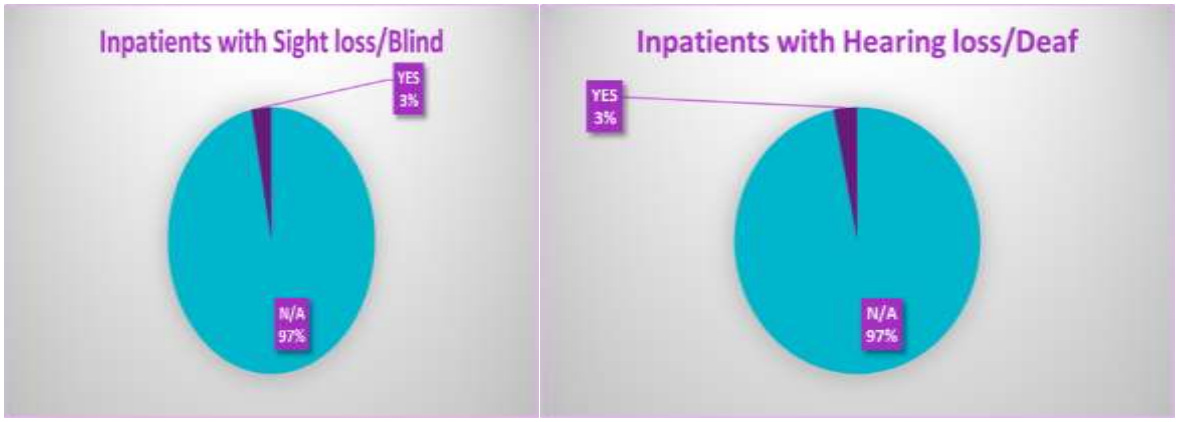


Figure 19: Inpatients with a physical disability



Figures 20 and 21: Inpatients with sensory support needs



5.2.4 DEPENDANTS/CARING RESPONSIBILITIES.

Carers are people who, often without payment, provide physical and emotional help and support to a family member or a friend who may not be able to manage without this help due to frailty, illness or disability. By virtue of their disability, none of the current patients have caring responsibilities but many will have family members and carers of their own. There is no impact in terms of caring responsibilities for the

patients, but the Trust is cognisant of the potential for adverse impact on their carers, as they may fear for how their loved one will cope in new settings and out of their familiar surroundings. The Trust has learnt much from the Muckamore Carers' Forum regarding their concerns and anxieties about resettlement.

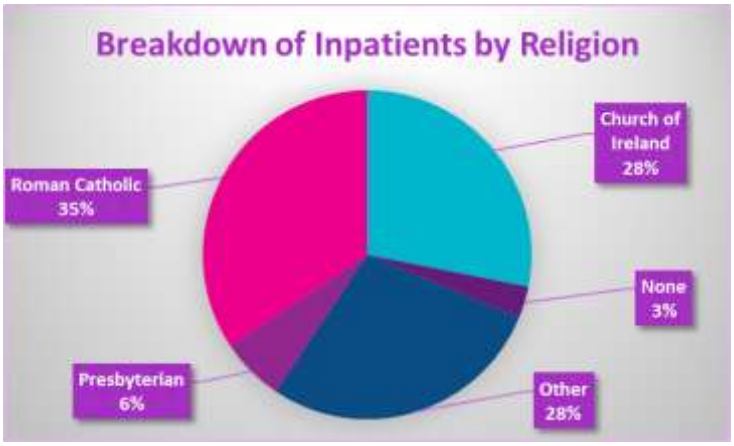
5.2.5 MARITAL STATUS

None of the current inpatients in MAH were ever married. There is nothing to indicate that the closure of MAH would have any bearing on marital status – albeit living in the community in supported accommodation and better integration in the community could facilitate the opportunity to develop relationships in the future.

5.2.6 RELIGIOUS BELIEF

Just over one third of the patients are Catholic, and another third are from Protestant faiths, and the remainder are of other faiths or no faith. There is nothing to indicate that the closure of the hospital will have any bearing in terms of a patient's religious belief. Belfast Trust is committed to equality of opportunity and good relations amongst those of different religious beliefs, racial groups or political opinions. Patients will be resettled in their original Trust area.

Figure 22: Religious breakdown of inpatients



5.2.7 ETHNICITY

The ethnicity of the patients has been considered by the Trust in assessing equality implications however in the interests of anonymity, this information is not being published. There is nothing to indicate based on the information available that there will be any potential adverse impact because of a patient's ethnicity.

5.2.8 POLITICAL OPINION

Political opinion of patients is not routinely gathered. There is nothing to indicate that the closure of MAH and resettlement to a community setting would have any potential impact in terms of political opinion**.**

5.2.9 SEXUAL ORIENTATION

The sexual orientation of patients is not routinely gathered. Similarly, there is nothing to indicate on the basis on the information available, that the closure and move to community living would have any bearing or potential impact in terms of sexual orientation.

5.2.10 OVERALL ASSESSMENT IN TERMS OF IMPACT ON PATIENTS

On the basis of the information available and the aforementioned assessment, the Trust would anticipate that resettlement and implementation of the closure of the hospital would have a major impact in terms of age and disability of the patients and would also have a major impact for their carers. The Trust recognises the rich expertise and experience that carers and families can provide and is committed to continuing this engagement and co-development of future accommodation options to ensure that their loved one will benefit from a home-environment that suits their needs. Resettlement will be a life-changing move for them, and the Trust is committed to taking forward the mitigation measures in Section 6 to lessen any potential adverse impact for both the individuals and their carers.

5.3 GOOD RELATIONS

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 3’ 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. Our facilities including MAH and accommodation in the community are shared spaces where difference is respected, and people are treated with dignity and respect regardless of their race/ethnicity/ religion or political opinion.

5.4 HUMAN RIGHTS

From a human rights perspective, implementation of the decision to close MAH will engage **Article 8 in terms of a Right to Home, Privacy and Family life** since MAH has been their home for a period of time. The Trust has taken due consideration of the fact that there should be no interference by a public authority with the exercise of this right, except such as is in accordance with the law and is necessary in a democratic society in the interests of national security, public safety or the economic

well-being of the country, for the prevention of disorder or crime, for the protection of health or morals, or for the protection of the rights and freedoms of others.

If the right is interfered with the organisation interfering must show that the interference is:

- Lawful: there must be a law that allows officials to take that action;
- Legitimate: there must be a legitimate aim the public official is trying to achieve (e.g., public safety for the protection of health);
- Necessary: all alternative ways of achieving the aim must have been considered and the one chosen must be proportionate.

All three parts of this test must be met for an organisation to justify interfering with a person's right to respect for private and family life, home and correspondence.

ARTICLE 3 - THE RIGHT NOT TO BE TORTURED IN AN INHUMAN OR DEGRADING WAY

For people with learning disabilities, this means that they are legally protected from both mental and physical abuse, protected from living in poor conditions in institutions, with the right to be protected from any form of neglect.

The Trust has also considered ARTICLE 14 OF THE HUMAN RIGHTS ACT – THE RIGHT TO BE FREE FROM DISCRIMINATION. This has a particular relevance to those with learning disabilities. Along with the Disability Discrimination legislation, this right helps to ensure that people with learning disabilities are not discriminated against because of their disability, in all aspects of life, ranging from healthcare, job opportunities, the right to independent living, the right to services and support in the community.

ARTICLE 19 OF UN CONVENTION ON THE RIGHTS OF PEOPLE WITH DISABILITIES which upholds the right of disabled people to independent living, and recognises the equal right of all persons with disabilities to live in the community, with choices equal to others, and that public authorities will take effective and appropriate measures to facilitate full enjoyment by persons with disabilities of this right and their full inclusion and participation in the community.

The Trust is cognisant that everyone has the right to enjoy the highest attainable standard of physical and mental health as outlined in ARTICLE 12 INTERNATIONAL COVENANT ON ECONOMIC, SOCIAL AND CULTURAL RIGHTS 1966 (ICESCR). The Trust is committed to protecting and promoting human rights and will take steps to ensure the patients enjoy an optimal level of physical and psychological care with adequate support in the community setting.

The Trust is committed to the safeguarding and promotion of Human Rights in all aspects of its work. 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 wholeheartedly upholds the ethical, strategic and legal requirement to complete resettlement from MAH in its entirety with human rights at its core.

Recognising that human rights law that pertains to carers, the Trust would carefully and gradually resettle the patients, using expertise and experiences within and external to the Trust and in genuine partnership with patients, their families and carers and to ensure that the stress on families and carers of patients is minimised. Ongoing engagement and communication are key. Each individual resettlement plan will be co-produced by the Trust and the inpatient, carers and family at the centre of development, decision making and evaluation processes. In addition to this individualised work, the MAH Carers Forum, a carers group, continues to meet every 6 weeks with resettlement and the hospital closure on the meeting agenda.

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. Having paid due diligence to the aforementioned human rights and disability statutory requirements and the clear strategic direction as referenced in Section 4, the Trust would propose that there is a legitimate policy aim in implementing the Department of Health' s decision to close the hospital. The strategic framework and long-since documented rationale for affording people with a learning disability the same opportunity to live in the community and enjoy the same rights as others would evidence the fact that resettlement of these individuals and closure of the long stay institution is proportionate and justifiable.

It is important to reiterate that none of the inpatients currently in Muckamore Abbey Hospital are receiving any form of assessment or treatment and they remain there as to what is known as 'delayed discharge'. Fundamentally there is no rationale to keep these individuals in a hospital setting if they are no longer accessing any treatment. The Trust upholds the principles that they have the same right as other people to live in the community but acknowledges that community support is integral to enabling people with learning disabilities to live independent, free and fulfilled lives.

5.5 ASSESSMENT OF IMPACT ON PATIENTS, THEIR FAMILIES AND CARERS WITH REGARD TO DISABILITY DUTIES

Belfast Trust is committed to meeting its Section 49A Disability Duties. We are committed to not discriminate against disabled people and will make reasonable adjustments for patients in service delivery, for carers and for staff.

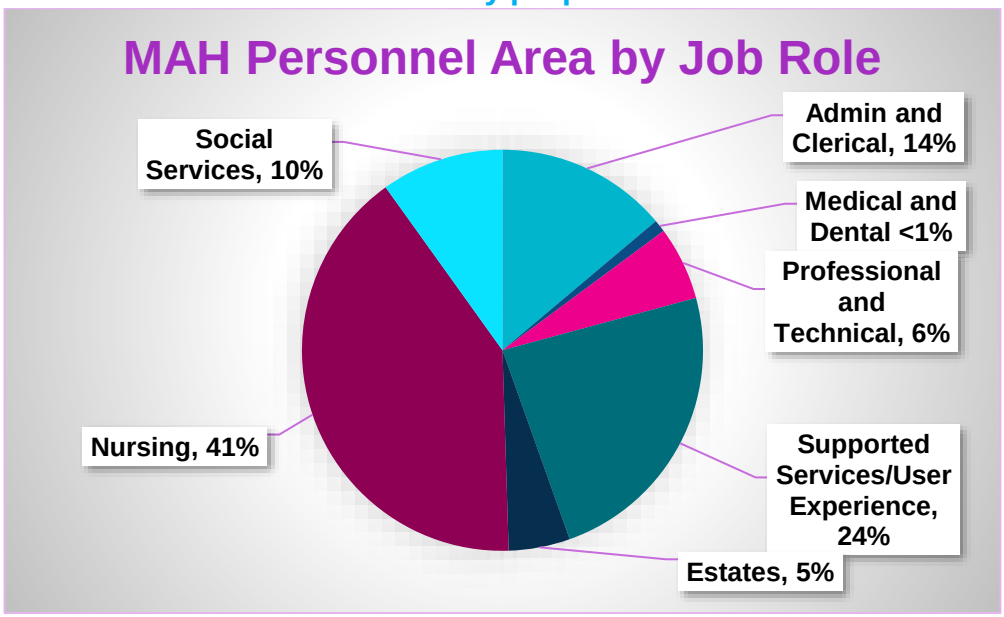
The Trust has drafted a 5-year Equality and Disability Action Plan which has been developed in consultation with Section 75 stakeholders. The Disability Acton Plan is monitored by the Trust Disability Steering Group which is composed of staff and representatives from disability focused community and voluntary sector groups.

The Trust believes that the closure of Muckamore Abbey and the resettlement of the remaining patients to community accommodation will create greater opportunities to deliver person-centred services and promote the day to day living experience of these individuals by affording them the same opportunities as people who do not have a learning disability and the chance to participate in community living.

5.6 ASSESSMENT OF IMPACT ON SECTION 75 GROUPS – STAFF

Currently the proposal is likely to immediately affect 268 staff who work at the MAH site within the following Personnel Areas:

Figure 23: Personnel areas affected by proposal



A RAG analysis across the Section 75 equality categories compares the workforce profile and the potential pool (5686 staff) has been completed, see below:

5.2.1 GENDER

Female staff currently affected by this proposal and based at Muckamore Abbey Hospital account for (72%). This is just -5% lower of the overall Trust figure (77%). The Trust recognises the correlation between gender and caring responsibilities and consequently the potential impact upon staff as carers.

5.2.2 ETHNICITY

There is a high proportion of White staff (63%) potentially impacted by this proposal than found within the overall workforce profile (71%). Staff from ethnic minority communities affected is 1%, -3% lower, compared to that of the Trust average (4%). However, it should be noted, that a higher (35%) are recorded as 'Unknown', which is +4% above the overall Trust Figure of (31%)

5.2.3 AGE

The profile of the impacted pool is that those staff aged 45 and over is +10% higher (55%) than the current overall Trust workforce profile over 45 years old which is (45%).

5.2.4 COMMUNITY BACKGROUND

The profile of the impacted pool of staff is (43%) 'Protestant Community Background' and (41%) 'Roman Catholic Community Background this is an increase of higher +10% and lower -2% compared to that of the Trust overall (33%) and (43%), respectively. There is a decrease on staff who have declared 'Neither', lower -6%, (17%).

5.2.5 POLITICAL OPINION

The profile of the impacted pool of staff is broadly in line with the overall workforce profile. The only stand out difference is in those staff from the affected pool is that there are higher +5% (26%) who 'do not wish to answer' compared to that of the Trust (21%).

5.2.6 MARITAL STATUS

Overall, there is a higher proportion of the impacted pool of staff declared as 'Married/Civil Partnership' higher +6%, (49%), with -3% lower, (22%), declaring themselves as single. It should be noted that 22% of the affected pool of staff have 'Not declared' any marital status.

5.2.7 CARING RESPONSIBILITIES

Overall, there is a higher proportion of staff who declared that they have a 'Caring Responsibility', (24%). This is a higher +6% increase to that of the overall Trust workforce (18%). Of the (24%) of staff who have declared having a 'Caring Responsibility' (75%) are female staff (88%) of these staff work less than 30 hours per week.

As noted previously the Trust recognises the correlation between gender and caring responsibilities and consequently the potential impact upon carers who are female and work part-time.

5.2.8 DISABILITY

Overall, the percentage of staff with a disability who are located in the affected proposal area is higher +1% (3%) than the overall Trust workforce (2%). There is a higher +4% (39%) recorded as 'Not known' compared to that of the Trust Workforce (35%). The Trust is committed to ensuring that timely, person-centred 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 and Disability Toolkit

5.2.9 NATIONALITY

The profile of the impacted pool of staff who have declared their nationality as 'British' is higher +10% at (30%) and -5% lower at (10%) declaring themselves as 'Irish' nationality, compared to that of the Trust overall staff profile of (30%) and (10%) respectively.

5.2.10 RELIGIOUS BELIEF

The profile of the impacted pool of staff has declared +2% higher 'Christian' at (32%) and +3% higher declaring 'None' compared to that of the Trust overall staff profile of (30%) and (10%) respectively.

5.2.11 SEXUAL ORIENTATION

(7%) of the impacted pool of staff have declared they 'Do not wish to answer' this is +2% higher than that the Trust workforce overall (5%). It is worth bearing in mind that (48%) of the affected pool of staff is 'Unknown'.

The Trust recognises that the majority of staff who currently who are located at Muckamore Abbey Hospital are predominantly female (broadly in line with the overall Trust workforce composition). A significant proportion of these (76%) have also declared that they have caring responsibilities and/or particular caring needs. The Trust will give due consideration and provide support to staff, in recognition of their different caring responsibilities and particular needs to facilitate their personal circumstances in any foreseeable relocation.

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 and Regional Disability Toolkit.

Of those staff who have declared a caring responsibility 24% (63 headcount),

- 67% (42 headcount) of these are aged 45+
- 75% (47 headcount) of these are female of which 64% are aged 45+
- 32% (15 headcount) of these female staff work Part-time 30 hours or less and have declared a caring responsibility.

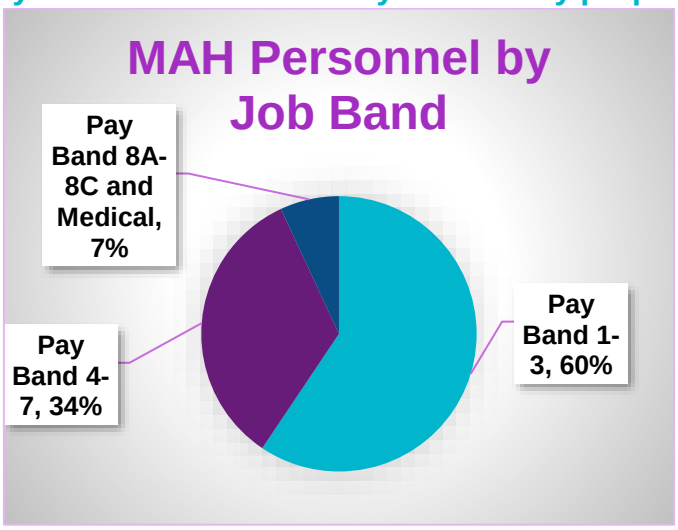
This correlates with information from Carers UK whereby it states that:

- *Caring falls particularly on women in their 40s, 50s and 60s. 1 in 4 women aged 50-64 has caring responsibilities.*
- *Women aged 45-54 are more than twice as likely as other carers to have reduced working hours as a result of caring responsibilities.*

5.3 CONSIDERATION OF STAFF IMPACTS

The Trust would like to provide the readers with a further breakdown of the staff by pay band to help demonstrate that this organisation change affects more than just registered medical and nursing staff, as illustrated below.

Figure 24: Job pay bands of staff currently affected by proposal



The table below shows current Muckamore Abbey staff who work more than or less than 30 hours per week:

Figure 25: Full-time, Part-time Staff in Muckamore Abbey

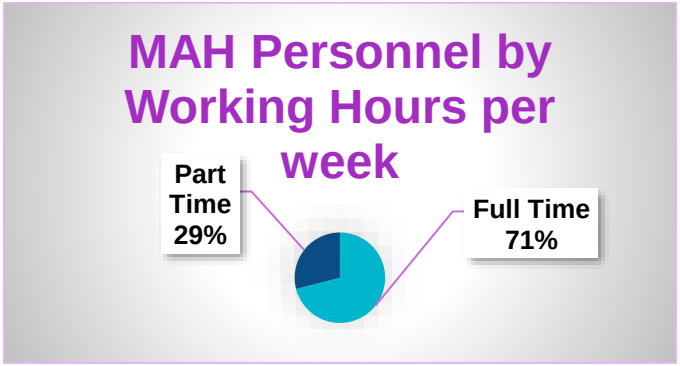


Table 6: Assessment of impact on staff

Equality Category	Level of Impact			Assessment of impact
	Major	**Minor**	**None**	
Age	✓			On the basis of the information available, it is the Trust's assessment that those female staff and those with caring responsibilities, are more likely to be differentially and potentially adversely affected by this proposal. It should also be noted that those staff aged 45+ may be affected. Therefore, it is fair to conclude a potential adverse impact for these groups on these grounds. The mitigation section of this document outlines a range of initiatives which may eradicate or mitigate any adverse impact of this proposal.
Dependant Status	✓			
Disability		✓		
Gender	✓			
Marital Status		✓		
Community background		✓		
Race (Ethnicity)			✓	There is no differential impact and nothing to indicate that this proposal would have any adverse impact in terms of race, religion, political opinion or sexual orientation.
Religious belief			✓	
Political Opinion			✓	
Sexual Orientation			✓	
Multiple Identities **e.g., *disabled minority ethnic people or young***	✓			Staff who are parents and/or carers may also be adversely affected. Based on our current workforce profile, there is an older female to male ratio. The fact that evidence suggests most carers are predominantly

Protestant men.				female, it is likely that there will be a differential impact on females.

5.3.1 IMPACT OF PROPOSAL ON STAFF

The current proposal is to give staff the opportunity to relocate to another Belfast HSC Trust location at the same/similar related job role /pay band and to introduce these changes on a planned, phased approach.

A staff Home Post Code Analysis has been conducted to assist the HR Workforce Modernisation team in aligning existing job vacancies to the staff affected. Due to confidentiality, this personal information will not be published in the EQIA paper. Alternative arrangements to potentially transfer affected staff to another HSC organisation are also currently being explored.

Should any equality / modernisation related issues arise, they will be managed through the Organisational Change Framework. Click here for Framework

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

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

SECTION 6.0: CONSIDERATION OF MEASURES THAT MIGHT MITIGATE ANY ADVERSE IMPACT AND ALTERNATIVE POLICIES WHICH MIGHT BETTER ACHIEVE THE PROMOTION OF EQUALITY OF OPPORTUNITY

Implementation of the decision to close MAH and the accompanying assessment of impacts are now being presented for consultation. The EQIA process requires that, if it is decided that that this would have an adverse impact on those within one or more of the nine equality categories, then a series of mitigations should be put forward for consideration.

The consideration of mitigating measures and alternative policies is at the heart of the EQIA process. Mitigation can take the form of lessening the severity of the adverse impact. Having considered all relevant information, the Belfast Trust indicates herein proposed measures to mitigate adverse impact or methods identified to better promote equality of opportunity.

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

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

6.1 FUNDAMENTAL HUMAN RIGHT TO LIVE IN THE COMMUNITY

The Trust's commitment to MAH patients is that they have the right to live independent, free, and fulfilled lives in the community with the appropriate level of support to facilitate this. Ethically and morally, the Trust believes that this is the right thing to do to significantly improve the lives of those people with learning disability and ASD, who have spent years of their lives in an acute hospital setting.

It is important to reiterate that none of the remaining patients in MAH are in receipt of active assessment or treatment. The Trust fully endorses the aspiration that no-one will live in a specialist learning disability hospital and that any hospital setting will focus on its primary function of offering assessment and treatment only for those people, for whom this cannot be made available within a community setting.

The Trust will continuously risk assess and monitor the physical, emotional and mental health and well-being of patients throughout the process and after the patients are resettled in the community. The Trust will work closely with families and carers and new housing providers to uphold and promote the wellbeing of these individuals.

6.2 ENGAGEMENT & ONGOING COMMUNICATION RE CLOSURE AND RESETTLEMENT PLANS

The Trust has and will continue to proactively engage directly with patients, their families and carers and representative groups plus staff and their representatives as part of the consultation process. We recognise the wealth of knowledge that comes from meaningful engagement with those with lived experience, as patients, or in their role as carers and family members. The Trust is committed to engage with all those interested in the proposed accommodation and care support for the patients moving out of Muckamore into the community. Every effort will be made to ensure patients and their families and carers and staff and TUs are afforded opportunities to articulate their feelings about what is being proposed and to make sense of what is being proposed. The Trust acknowledges that regrettably there is work to be done to regain the trust of those families and carers, deeply impacted by the safeguarding issues at Muckamore and is committed to building trusted relationships with them.

Each individual resettlement plan will be co-produced by the Trust and the inpatient, carers and family at the centre of development, decision making and evaluation processes.

There have been 5 Muckamore Carer Forum sessions held since December 2022 and invites are sent to every family along with notes from the previous meeting. The forum has a chair, independent from the Trust and Senior Management from the Trust attends. Advocacy groups, Bryson House and the Patient Client Council are all invited. The focus of these meetings recently has been on improved communication on staff roles and the closure of Muckamore.

More regular engagement sessions have been convened since the announcement of the decision to close the hospital to ensure there is timely communication for patients, carers and families and staff and Trade Unions and to alleviate concerns about the future. These sessions provide an opportunity for two-way dialogue and accurate updates on the process and timelines for the closure and the measures that the Trust will take to support all affected parties.

The Trust undertook a Carer Experience survey over May and June 2023 with focused calls with 22 families to ask them about their experience with communication, access to visiting, access to information, level of care for their loved ones and concerns about community placements.

Working with patients, families, carers, advocates, and staff will help provide a comprehensive assessment of the impact of the implementation of the closure and to identify further mitigating measures. The Trust is committed to taking account of all the information, views, and opinions from all stakeholders to assist in the decision-making process.

6.3 CHALLENGES ASSOCIATED WITH RESETTLEMENT

It is salient to acknowledge that regrettably, there is work to be done to regain the trust of those families and carers, deeply impacted by the safeguarding issues at Muckamore and is committed to building trusted relationships with them.

Care plans will be conducted on a multi-disciplinary basis in conjunction with families and carers and with the patient, depending on their capacity. These care plans will be reviewed on an annual basis. The Trust will ensure that there is ongoing access to independent advocacy services, for those who may need it.

6.3.1 SUMMARY OF MITIGATIONS

All of the mitigations have been highlighted in detailed in the section on the future service model and how the resettlement and closure will be implemented. To summarise, the mitigations include:

Equal right of disabled people to live in the community, with choices equal to others, full enjoyment of this right and their full inclusion and participation in the community
Opportunity to live in a home of their own with their needs, and wishes at the heart of their care package and new home.
Embedded care and support in the community for individuals to lead full and rewarding lives in their own homes and communities
General betterment
A range of accommodation options
Bespoke, co-developed care plan with a person-centred focus and level of support
Greater enjoyment of privacy
A gradual staged approach to resettlement
A life more comparable to everyone else in the community
Access to family and friends
Wrap around support
Enhanced community team structure – Intensive Treatment Team, Early intervention
More autonomy and choice - promoting independence, where people have real choices about where they live, who they live with and what kind of life they can live
Greater participation and integration in public and community life
A range of day opportunities including art, employability, physical exercise, day centre
Access to mainstream services

6.4 MITIGATION MEASURES - STAFF

Implementation of the DoH decision to close MAH will require a determination on where to place displaces staff who are affected by this closure. The current proposal is to close the site based in the outskirts of Antrim Town and reallocate the staff affected to other locations based within the Belfast Trust to conduct a similar role at the same job pay band to what they held previously, and the aim is to introduce this on a planned phased approach.

6.4.1 CURRENT STATUS

Meetings with Senior Management, Staff Side leads, and the Human Resources Workforce Modernisation and Employment Equality Teams have taken place. Workforce modernisation plans on how to conclude this proposal are being co-developed. These will be communicated to staff in the appropriate manner and staff will have the opportunity to discuss any concerns that they may have with the appropriate teams.

6.5.2 MITIGATION IN RELATION TO POTENTIAL IMPACT ON STAFF

The Trust is committed to treating staff fairly and equitably and managed in accordance with the Trust's Framework on the Management of Staff Affected by Organisational Change. This includes consultation with staff and the opportunity for staff to discuss in one-to-one meetings any adverse equality impacts resulting in changes to their employment. The framework provides for the management of equality issues within employment and works alongside other Human Resources policies including for example the Disability and Reasonable Adjustment Framework, the Work Life Balance Policy and Procedure and the Recruitment and Selection Policy and Procedure.

6.5.3 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 colleagues. It will comply with all relevant employment and equal opportunities legislation when implementing any proposed changes.

Good practice will be applied to this process and the Trust is committed to the following:

- 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 implementation of this decision, 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.

6.4.3 STAFF RELOCATION / REDEPLOYMENT

The Trust in partnership with Trade Union colleagues will consider how it will minimise any adverse impact on the workforce resulting from the closure of MAH. 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.

6.4.4 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 colleagues to achieve an effective transition to the new arrangements in line with the appropriate Frameworks referred to above.

6.4.5 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.

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.

SECTION 7.0: PUBLICATION OF THE RESULTS OF THIS EQIA

7.1 EQUALITY IMPACT ASSESSMENT

This draft Equality Impact Assessment has been produced on the basis of the information available. The scope of the EQIA is on Belfast Trust's local implementation of the Department of Health's decision to close Muckamore Abbey Hospital. The Trust would invite interested individuals or organisations to consider the measures that they are proposing to take to help support successful resettlement for the remaining individuals in Muckamore Abbey Hospital.

7.2 DECISION OF THE PUBLIC AUTHORITY

After the formal consultation period closes, the Trust will take time to pay due consideration to all the responses received and will amend or add to its plans, as appropriate.

7.3 PUBLICATION

In the interests of feedback and transparency, a feedback report in relation to the equality impact assessment will be published will be posted on the Trust's website and the Loop (intranet)

7.4 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 implementation of the closure of Muckamore Abbey Hospital 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.

EQUALITY IMPACT ASSESSMENT QUESTIONS

1) Further to a public consultation, the Department of Health announced in July 2024 the decision to close Muckamore Abbey Hospital as a regional specialist learning disability hospital. Having read this equality impact assessment, do you have any comments on the proposed future service model?

2) Do you have any comments on the assessment of the equality and human rights impact of the proposed future service model with respect to patients and their families/ carers?

3) Do you have any comments on the assessment of the equality and human rights impact of the decommissioning process with respect to staff?

4) Are there any other actions that need to be taken to mitigate any potential negative impact or further promote equality of opportunity in relation to the decommissioning process or future service model?

APPENDIX A – TERMINOLOGY

Learning disability –

National Institute for Health and Care Excellence (NICE) –

- Lower intellectual ability (usually an IQ of less than 70).
- Significant impairment of social or adaptive functioning.
- Onset in childhood.[3]

UK Department of Health and Social Care -'

> A significantly reduced ability to understand new or complex information, to learn new skills (impaired intelligence), with a reduced ability to cope independently (impaired social functioning), which started before adulthood.[4]

Intellectual disability –

According to NICE, the term intellectual disability is more commonly used on the international stage when referring to learning disability.

According to a paper written by the Royal College of Psychiatrist in 2014, By definition, the term intellectual disability or learning disability refers to a person with:

- Significant impairment of intellectual functioning (IQ <70 on an established IQ test such as the Wechsler Adult Intelligence Scale, WAIS-IV; Wechsler, 2008)
- Significant impairment of social functioning (there is no gold standard test to measure this at present; clinicians tend to use adaptive behaviour assessment scales such as the Vineland Adaptive Behaviour Scales (Sparrow et al, 1984) or the Adaptive Behaviour Assessment System (Harrison & Oakland, 2003))
- Significant impairment which has been present from childhood (onset during the developmental period).

Offending Behaviour-

Under English Law this is defined by two components:

- The act of Crime

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[3] Nice (2015) challenging behaviour and learning disabilities: prevention and interventions for people with learning disabilities whose behaviour challenges. National institute of health and care excellence. Http://www.nice.org.uk

[4] DHSC (2001) Valuing people - a new strategy for learning disability for the 21st century. Department of Health and Social Care. https://www.gov.uk

- Intent to commit crime

Forensic Services-

According to NICE, these are specialist services that work with individuals in contact with or at risk of contact with the criminal justice system

Behaviours that Challenge-

According to ChallengingBehaviour.org.uk, Children and adults with learning disabilities may display ‘‘problem’’ or ‘‘unusual’’ behaviours. These can include:

- Aggression (e.g., hitting)
- Self-Injury (e.g., head banging)
- Destruction (e.g., throwing)
- Other (e.g., spitting)

It can be stressful, upsetting and impact on the lives of the whole family. It is important to understand the reasons behind the behaviours in order to help the individual through a potentially distressing time; i.e., it’s a way for a person to control what is going on around them and to get their needs met or are they experiencing ill or in pain.

For additional guidance on behaviours that challenge please follow the link to NICE guidelines: Challenging behaviour and learning disabilities: prevention and interventions for people with learning disabilities whose behaviour challenges

APPENDIX B – EQUAL LIVES OBJECTIVES AND RECOMMENDATIONS

The Equal Lives report identifies 12 core objectives that direct future policy for improving the lives of people with a learning disability. Objectives 4, 5, 6, 7, 8, 10, 11 and 12 relating to accommodation and support, access to mainstream services and training for staff are of particular relevance to this EQIA:

- Objective 4: To enable people with a learning disability to lead full and meaningful life in their neighbourhoods, have access to a wide range of social, work and leisure opportunities and form and maintain friendship and relationships
- Objective 5: To ensure that all men and women with a learning disability have their home, in the community, the choice of whom they live with and that, where they live with their family, their carers receive the support they need.
- Objective 6: To ensure that an extended range of housing options is developed for men and women with a learning disability.
- Objective 7: To secure improvements in the mental and physical health of people with a learning disability through developing access to high quality health services that are as locally based as possible and responsive to the particular needs of people with a learning disability.
- Objective 8: To ensure that men and women with a learning disability are supported to age well in their neighbourhoods
- Objective 10: To ensure that health and social care services staff are confident and competent in working with people with a learning disability
- Objective 11: To ensure that staff in other settings develop their understanding and awareness of learning disability issues and the implication for their services
- Objective 12: To promote improved joints working across sectors and settings in order to ensure that quality of lives of people with a learning disability are improved and that the Equal Lives values and objectives are achieved

These objectives are underpinned by a series of recommendations, particularly:

- Recommendation 24 Access to local leisure and recreational services should be promoted and co-ordinated led by District Councils.

- Recommendation 27: By June 2011, all people with a learning disability living in a hospital should be relocated to the community.
- Recommendation 29: By 1 January 2013, all accommodation for people with a learning disability under 60 years of age should be for no more than 5 people in a shared setting.
- Recommendation 31: An additional 100 supported living places per annum for the next 15 years should be developed to enable people to move from family care without having to be placed in inappropriate settings.
- Recommendation 41: With immediate effect each general practice facility and acute general hospital within Northern Ireland should have clear and formalised arrangements in place to facilitate equity of access to services for people with a learning disability.
- Recommendation 43: With immediate effect each general practice facility and acute general hospital within Northern Ireland should have clear and formalised arrangements in place to facilitate equity of access to services for people with a learning disability.
- Recommendation 45: As a matter of urgency, the Department of Health, Social Services and Public Safety should consult with all 4 Health and Social Services Boards about their present and future plans for specialist assessment and treatment services for men and women with a severe learning disability with a view to greater sharing of existing and planned resources and the development of new forms of community-based services.
- Recommendation 47: Community based assessment and treatment services should be developed on an incremental basis to provide assessment and treatment of men and women with a learning disability who have specific mental health needs and/or challenging behaviours. The community-based assessment and treatment services will encompass behaviour support expertise that will provide outreach to individuals, families and community services and short-term intensive treatment to those within a residential facility which may be approved to treat people under mental health legislation.
- Recommendation 49: Some people with a learning disability are at increased risk of recurrent severe challenging behaviours and/or mental illness. Health and Social Services Trusts should ensure that protocols are agreed so that a proactive approach can be taken to systematic intervention should there be signs of recurrence.
- Recommendation 53: Arrangements should be developed to enable people with a learning disability who have dementia to access support and expertise from mainstream dementia services. This will include mechanisms to provide a skills boost between dementia services and dedicated learning disability services
- Recommendation 63: All service providers who receive funding from the Department of Health, Social Services and Public Safety Training Support Programme should be required to evidence how people with a learning

disability have been involved in the design, delivery and/or evaluation of training programmes provided on learning disability specific issues

- Recommendation 67: All generically trained health and social services professionals (medicine, Allied Health Professionals, nursing, social work) should receive at a minimum awareness raising training on learning disability