** Rural Needs Impact Assessment**

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| **Section 1: Define activity subject to Section 1(1) of Rural Needs Act (NI) 2016** |
| **1A. Short title describing activity being undertaken that is subject to Section 1(1) of the Rural Needs Act (NI) 2016:**  Implementation of the Closure of Muckamore Abbey Hospital  Belfast Trust will no longer be providing regional Intellectual/Learning Disability services to service users outside the Belfast Trust from June 2024.  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 by end of June 2024. The decision has already been taken, however Belfast Trust is responsible for leading on implementation of the decision and wants to assess any rural needs implications in this assessment.  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. |
| **1B. Are you Developing, Adopting, Implementing or Revising a Policy a Strategy or a Plan? (Underline or Circle)**  **Or are you delivering or designing a public service? (Underline or Circle)**  Implementing a decision taken by the Department of Health  **What is official title of this Policy, Strategy, Plan or Public service (if any)?**  Implementation of the Closure of Muckamore Abbey Hospital |
| **1C. Give details of the aims and/or objectives of the Policy, Strategy, Plan or Public Service:**  Brief History  In late 2017, the Belfast Health and Social Care Trust commissioned an [Independent Review Team](https://belfasttrust.hscni.net/wpfd_file/summary-of-mah-safeguarding-review/) 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 were commissioned to view over 5,000 hours of CCTV images.  Following on from the findings of [‘A Way to Go](https://belfasttrust.hscni.net/wpfd_file/summary-of-mah-safeguarding-review/)’, 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](https://www.health-ni.gov.uk/sites/default/files/consultations/health/doh-future-muckamore-abbey-hospital-consultation.pdf) 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.  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 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, living together in these facilities with little or no participation or engagement with local communities.  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.  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 one 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.”   We seek to provide 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.  Aim:  Belfast Trust is working in partnership with other Trusts across the region to resettle service users currently delayed in MAH. |
| **1D. What definition of ‘rural’ is the Trust using in respect of the Policy, Strategy, Plan or Public Service:**  Rural can be classified by those settlements with populations of less than 5,000 together with the open countryside.  (The default definition of “rural” used in Northern Ireland is that developed by the Inter-Departmental Urban-Rural Definition Group.) |
| **Section 2 - Understanding impact of Policy, Strategy, Plan or Public Service** |
| **2A. Is the Policy, Strategy, Plan or Public Service likely to impact on people in rural areas?**  Yes – positive impact – see 2B |
| **2B. How is it likely to impact on people in rural areas?**  **Positive Impact on people from rural areas**  The plan is for Belfast Trust to work in partnership with other Trusts across the region to resettle service users, who are not receiving any active assessment or treatment, currently delayed in MAH into community settings. The image below illustrate the Trust area bands in relation to Muckamore Abbey Hospital (represented by the Red Dot)    Also, the map above clearly demonstrates the distance Muckamore Abbey Hospital is from the Belfast Health and Social Care Trust area bands.  An analysis of journey times (one way) from various locations across Northern Ireland (largely rural) to Muckamore Abbey Hospital and to the nearest subsequent assessment and treatment hospitals or potential supported housing developments in the region has been completed.   |  |  |  |  |  | | --- | --- | --- | --- | --- | | Journey from |  | Journey to | Method of travel | Duration (single journey) | | Belfast  (BT8 Four Winds)\* | Belfast Health and Social Care Trust | Muckamore | Car  Bus | 39mins  1hr 54mins (2 buses) | | Royal Victoria | Car  Bus | 20mins (quickest)  41mins (2 buses) | | Larne | Northern Health and Social Care Trust | Muckamore | Car  Bus | 29mins  1hr 51mins (3 buses) | | Holywell | Car  Bus | 29mins (quickest)  1hr 25 mins (2 buses) | | Derry/Londonderry | Western Health and Social Care Trust | Muckamore | Car  Bus | 1hr 5mins  2hr 17mins (2 buses) | | Lakeview | Car  Bus | 7mins (quickest)  21mins (1 bus) | | Ardglass | South Eastern Health and Social Care Trust | Muckamore | Car  Bus | 1hr 13mins  2hr 37mins (3 buses) | | Ulster | Car  Bus | 50mins (quickest)  2hr 22mins (3 buses) | | Portadown | Southern Health and Social Care Trust | Muckamore | Car  Bus | 37mins  2hr 5mins (2 buses) | | Bluestone | Car  Bus | 7mins (quickest)  25mins (1 bus) |   Data shows that travelling time for patients/families and carers travelling to potential alternative assessment and treatment centres is significantly shorter than travel time to Muckamore both by car and by bus. Provision of services in the local community or assessment or treatment in local general hositals would also reduce the cost of travel to Muckamore by going to a facility in their own catchment area.  The provision of care and support to Service Users and Patients within their home Trust locality will ensure they remain close to family, carers and other established community support links.  Local specialist services within each Trust would allow better continuity of care and a well-informed clinical experience for each service user, family and carer. Each Trust’s multidisciplinary team will be able to coordinate care and take ownership of the services provided to each of service users living within their Trust area. It is important that each service user (where applicable), families and carers continue to advocate for the level of care and support received, but it is our belief that services locally owned and operated will be better able to proactively deliver and react to the changing needs of their cohort of service users and population of Northern Ireland.  Clinical information systems within Encompass will allow the whole clinical team across the region to appreciate the individual needs of our service users. An Emergency Room Consultant will be able to view important patient information relating to the individual at the touch of a button. Likewise, a member of the Intellectual/Learning disability team, such as a social worker or nurse, will be able to update a service users Encompass profile in real time during visits, which will ensure anyone coming into contact with the service users file will have all the current information they require at their fingertips.  Staff  Implementing the decision to close the hospital will have an effect on the staff that currently work on site. Many of the staff have traditionally come from the local Antrim area and environs, which is located closer to the Northern Trust boundaries than Belfast Trust. In order to mitigate adverse impacts, staff are being facilitated through Belfast Trust’s organisational management of change process by Senior Management, HR colleagues and Trade Unions; as Belfast Trust employees, redeployment has been offered within the Belfast Trust locality. Belfast Trust Chief Executive will meet with other Trusts to assess if there would be any redeployment opportunities in other Trust areas in order to facilitate as much choice as possible and opportunities for employment in local Trust area. |
| **2C. If the Policy, Strategy, Plan or Public Service is likely to impact on people in rural areas *differently* from people in urban areas, please explain how it is likely to impact on people in rural areas differently?**  The plan is for Belfast Trust to work in partnership with other Trusts across the region to resettle service users currently delayed in MAH into the community however as explained in 2B above, the impact will be a positive impact on people living in these rural areas. |
| **2D. Please indicate which of the following rural policy areas the Policy, Strategy, Plan or Public Service is likely to primarily impact on.**   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Jobs or Employment in Rural Areas | **X** | Community Safety or Rural Crime |  | Agriculture-Environment |  | | Education or Training in Rural Areas |  | Health or Social Care Services in Rural Areas | **X** | Other, please state below; |  | | Rural Development |  | Broadband/Mobile Communications in Rural Areas |  |  | | Poverty or Deprivation in Rural Areas |  | Rural Business, Tourism or Housing |  | |
| **2E. Please explain why the Policy, Strategy, Plan or Public Service is NOT likely to impact on people in rural areas.**  N/A |

**If you completed 2E above GO TO Section 6**

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| **SECTION 3 - Identifying Social and Economic Needs of Persons in Rural Areas** | | | |
| **3A. Has the Trust taken steps to identify the social and economic needs of people in rural areas, relevant to the Policy, Strategy, Plan or**  **Public Service? Yes x No if the response is NO, GO TO Section 3D**  x | | | |
| **3B. Which of following methods or information sources were used by the Trust to identify these needs?**  **Consultation with relevant Stakeholders / Survey or Questionnaire / Research / Statistics / Publications / Other methods.**  **Please provide details:**  Bamford Review  A Way to Go  Review of Safeguarding Practices  Independent review to critically examine the effectiveness of Belfast Health & Social Care Trust’s leadership, management and governance arrangements  The Muckamore Abbey Hospital Public Inquiry.  The Department of Health conducted a formal consultation and equality screening  Belfast Trust Policies and Procedures | | | |
| **3C. What social and economic needs of the people in rural areas have been identified?**  Travel : Long Journeys that may impact health  Travel : Long Journeys that are costly and time consuming  Coordinated Care | | | |
| **3D Please explain why no steps were taken by the Trust to identify the social and economic needs of people in rural areas?**  This has been taken into consideration and mitigation has been identified.   * 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   Additionally, mitigations for staff are covered under the Belfast Trust Organisational Management of Change Framework and associated policies and procedures. | | | |
| **SECTION 4 - Considering Social and Economic Needs of Persons in Rural Areas** | | | |
| **4A. What issues were considered in relation to the social and economic needs of people in rural areas?**  Impact on Health  Impact on Patient Experiences  Impact on Jobs and Employment  Cost and time associated with travel to Muckamore | | | |
| **SECTION 5 - Influencing the Policy, Strategy, Plan or Public Service** | | | |
| **5A. Has the policy, strategy, plan or public service been changed by consideration of the rural needs identified?**  **Yes No if the response is NO, GO TO Section 5C** | | | |
| **5B. If yes, how have rural needs influenced the policy, strategy plan or public service?** | | | |
| **5C. If no, why have the rural needs identified not influenced the policy, strategy, plan or public service?**  Health needs of rural communities in Northern Ireland were a consideration in the plan and a review of travel associated was conducted (see 2B above). The decision to close the hospital has already been announced by the Permanent Secretary, further to a public consultation and in accordance with many strategic drivers underpinning the principle that long-term stay in an acute hospital setting for people with a learning disability is an outdated model. .  The Trust is guided by the Human Rights Acts 1998 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.  Within Belfast Trust the following applies:  The proposed future model takes into account the decommissioning of 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 and to lead an ‘ordinary life’ in accordance with the Bamford vision. 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. | | | |
| **Section 6: Documentation:**  **6A.** Please tick below to confirm that the RNIA Template will be retained by the Trust and relevant information on the Section 1 activity compiled in accordance with paragraph 6.7 of the guidance.  I confirm that the RNIA Template will be retained and relevant information compiled. | | | |
| **Rural Needs Impact Assessment undertaken by:** | Mrs Catherine McCrisken | | |
| **Job Title/Directorate** | Senior Planning and Equality Manager/ Planning, Performance and Informatics | | |
| **Signature:** |  | **Date:** | 07/12/2023 |
| **Service Representative** | Ms Billie Hughes | | |
| **Job Title/Directorate** | Interim Co-Director Intellectual Disability/ Mental Health, Intellectual Disability and Psychological services | | |
| **Signature** |  | **Date** | 07/12/2023 |
| **Approved by:** |  | | |
| **Job Title/Directorate** |  | | |
| **Signature:** |  | **Date:** |  |