

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



Consultation dates:
3rd September 2015 - 26th November 2015.



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

Contents:	Page
1.0 About this consultation	3
2.0 Why things are changing	5
3.0 How we currently provide Mental Health Day Services	10
4.0 Proposals for future delivery	11
5.0 Equality Impact Assessment (EQIA)	18
6.0 How to have your say	58
7.0.Consultation questions	59
Appendix 1: Glossary of Terms	62
Appendix 2: Commissioning Direction	64

Availability in other formats

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1.0 About this consultation

- 1.1 We are consulting on proposals to change the way Mental Health Day Services are delivered in Belfast.
- 1.2 In recent years, there has been significant reform of mental health services in line with the Bamford Review of Mental Health and Learning Disability (2007); with services aiming to promote empowerment, choice and recovery for those with mental health needs. Belfast Trust Mental Health Services are committed to working in partnership to deliver quality services which facilitate personal recovery and support and sustain individuals with mental health problems to live as full a life as possible. This consultation offers a proposal to modernise the way we currently deliver our Mental Health Day Services in Belfast.
- 1.3 The consultation begins on Thursday 3 September 2015 and ends 26 November 2015. The views expressed during the consultation will be presented to Belfast Health and Social Care Trust Board on 14 January 2016.
- 1.4 We welcome comments and suggestions on our proposals from service users, their carers' and families, our staff and partner agencies and anyone with an interest in the delivery of mental health services.

Why we're consulting

- 1.5 Trust Mental Health Day Services have been traditionally centre-based and designed to meet people's needs by providing meaningful daytime occupation in specific facilities. This has included programmes which focus on managing daily living tasks, social support and relationships, as well as those that address learning, education and work aspirations.
- 1.6 Whilst there have been worthy developments within Day Services in recent years, throughput has remained static and demand continues to reduce. We think therefore that the limited available funding should be used differently and also used to support services for people, rather than buildings. Current Day Services are locally based but they have not always facilitated the inclusion of individuals with mental ill-health into their local communities. We know that many of our service users, especially young people under 30, do not make use of our current Day Services, as they see them as out of date, with little to offer. Early discussions with our service users, their families, our staff and partner agencies, have highlighted agreement on the need to make changes to the way we deliver our mental health services.
- 1.7 This consultation is about changes to the way Mental Health Day Services are currently delivered at:
 - Ravenhill Adults' Centre
 - North Belfast Day Centre at Everton
 - Satellite service at Whiterock Centre (2-days per week)

-
- 1.8 Our vision for the way forward is to move away from a traditional day centre-based service to a model of wider day opportunities and support which will enhance individual recovery, prevent isolation and support individuals to access what they want, in their local communities promoting greater independence and active citizenship.

Proposals

- 1.9 In this document you will find our vision for the new Day Opportunities Service along with a series of proposals about how we are considering going about this.
- 1.10. We want to hear your comments on our vision and proposals and would also like to know if you have any other suggestions on how services should be delivered.

2.0 Why things are changing

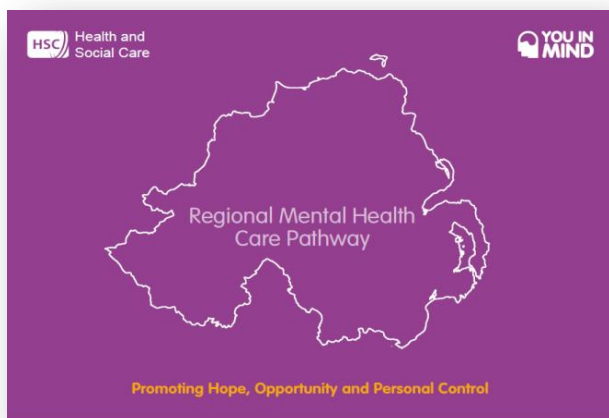
Our Vision

2.1 Our vision is that services for people who need Mental Health Day Opportunities need to better promote and support:

- ❖ Hope
- ❖ Opportunity
- ❖ Choice
- ❖ Partnership with and participation of:
 - ✓ Service Users
 - ✓ Families and Carers
 - ✓ Communities
 - ✓ Partner agencies
- ❖ Improved quality of life, health and well-being
- ❖ Positive outcomes for individuals to support personal recovery goals and based on individual need

2.2 Our vision is to more fully promote recovery, integration and social inclusion, by improving social and day to day functioning and by facilitating access to other meaningful day time activities, education and employment. The service will provide intensive support, for a time-limited period, determined by individual need. We believe we need to move away from delivering support in day centres. Instead the focus will be on service users and staff working together to develop and implement personal recovery plans, and utilising activities and resources available through a range of agencies; statutory, voluntary and community based.

2.3 **‘You in Mind’: The Regional Mental Health Care Pathway**, co-produced by the Health and Social Care (HSC) Board, HSC Trusts Mental Health Services and Service Users, was launched in October 2014 by the Health Minister as the way forward for the creation and delivery of highly personalised and recovery orientated treatment and care. This partnership approach between service users and care providers emphasises key principles for all services, including Day Opportunities, going forward. These include:



- ✓ Hope
- ✓ Partnership
- ✓ Personal participation
- ✓ Input into all key decision making
- ✓ Confidence in the support provided
- ✓ Better outcomes which enable personal recovery

2.4 **The Bamford Review of Mental Health and Learning Disability (2007)** challenged mental health services to modernise and make their services more focused on the needs of those who use them. With reference to Day Services, this review recommended that:

- ✓ a continuum of options be made available
- ✓ service users should be offered choice in relation to occupation, education and training opportunities
- ✓ services should be needs led and flexible in the support they provide
- ✓ services should aim to maintain and improve social networks and social inclusion
- ✓ services should use mainstream community services and facilities
- ✓ effective links should be made with voluntary organisations to expand opportunities for individuals with complex mental health needs.

2.5. **From Segregation to Inclusion: Commissioning Guidance on Day Services for People with Mental Health Problems (2006)** tells us that despite a significant amount of money being spent on Day Care Services, many of our service users remain socially isolated and excluded from the communities in which they live. This guidance challenges us to provide services which:

- ✓ promote inclusion rather than maintaining exclusion
- ✓ are individualised and flexible: not limited to mental health buildings
- ✓ are accessible to those most in need
- ✓ are choice-led and peer supported.

2.6 **The Implementing Recovery through Organisational Change (ImROC)** programme is being undertaken in all Statutory Mental Health services in Northern Ireland and widely throughout the U.K. and Ireland. This programme is driving innovation in mental health services, with **partnership, co-production with service users and carers and active citizenship** as key principles for the way forward. Mental health services in the Trust continue to innovate and modernise informed by what our service users are telling us is important to them.

2.7. Developments in the Trust's wider Mental Health Service which impact on the Day Opportunities Service include:

- ❖ focusing on assertive outreach and community support to help individuals live and integrate in their local communities
- ❖ providing intensive rehabilitation and re-ablement services
- ❖ extending services hours of operation beyond the traditional Monday-Friday, 9-5
- ❖ developing a Recovery College, where service users, staff and carers come together as students to learn. The college aims to support people become experts in their own self-care and for families, friends, carers and staff to better understand mental health conditions and support individuals in their recovery journeys

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- ❖ Employing Peer Support Workers, those with lived experience of mental health problems, to the workforce to support the change to the delivery of recovery focused services.

2.8 With this wider backdrop of modernisation and development we see this as an exciting time to re-design our Day Opportunities. We want to create a service which offers our service users more choice; which helps individuals to develop and improve their quality of life; which supports our wider mental health services in the delivery of needs-led and flexible care; and supports personal social, vocational and employment goals.

What people have told us

2.9 The activities currently undertaken in our Statutory Day Centres include:

- Support from staff and peers
- Information and advice
- Leisure and recreational activities
- A small number of therapeutic interventions
- Practical activities e.g. arts and crafts, gardening

2.10. We know however that in our current Day Centres there is limited focus on:

- Developing skills for moving on in the recovery journey
- Opportunity to mix with individuals outside of mental health services
- Inclusion with local community activities
- Help to get a job or return to work

2.11 Discussions with our service users and their families have highlighted the importance of social networks and of having something meaningful to do during the day:

'I need to have the opportunity to meet with people and not be isolated by my illness'

'The opportunity to meet up with others and actually get out of the house is a lifeline for my son; the support he and others receive is what is needed going forward'

'It is the staff that helped me during the really difficult times and helped me in my recovery'

2.12 Discussions with our staff have also highlighted that current day services do not provide what their patients and service users want or need:

'Few of my patients want to attend a day centre...they find it institutional and prefer the opportunity to get out and about with support in their local communities'

2.13 We have held pre-consultation meetings and discussions about this review with a wide range of interested parties, including our current day centre service users, service users in the wider mental health services, carers, our staff, service user / carer advocates, our Trade Union colleagues and our partners in the community and voluntary sector. We recognise that there are differing views about the way forward for mental health day services and we have taken cognisance of these discussions in the development of our proposals. We plan to continue to consult widely with all key stakeholders, including our local elected representatives and encourage all those with an interest in mental health services to make comment on our proposals so that we can ensure we are delivering person-centred and needs led care.

Fewer people using the services

2.14. Currently, Trust Day Services are being **significantly under-utilised**, with less than half of the available places being used across the centres in Belfast (Diagram 1). Over the past 3-years, **referrals** to the three centres **have also been reducing**, with a total of **55** referrals made in the April 2014 – March 2015 period, compared to **113** referrals made in the April 2010 – March 2011 period.

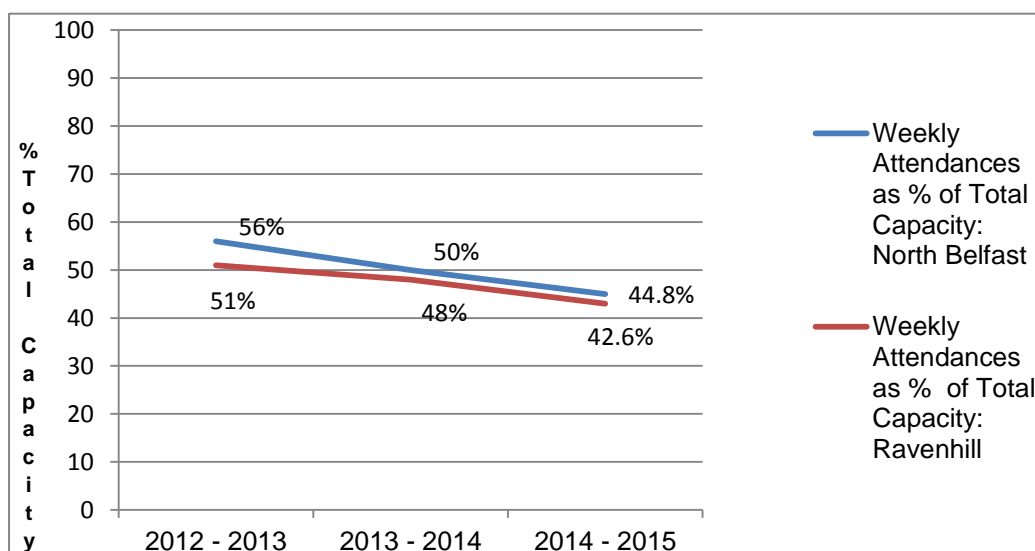


Diagram 1: Usage as percentage of weekly total place capacity

Review of Existing need

2.15 Review of individual needs is an on-going process in Day Services, completed usually every 6-months and at least annually. Looking at our current Day Services attendees, in light of this consultation, we found that around 75% could, with appropriate support “graduate” and move on from existing Statutory Day Centre based care, to a much more personalised approach. We believe this would promote independence and active citizenship and could be achieved by utilising support from a range of agencies, including a different level of Day Services support which we contract from the Community and Voluntary Sectors. The role of the Community and Voluntary Sector is explained in more detail below.

Increased choice: strong partnerships with the community and voluntary sector

2.16 Belfast Trust, has since its inception, always worked in partnership with Community and Voluntary Sector providers such as Action Mental Health, NIAMH (Northern Ireland Association for Mental Health) and Mindwise for the provision of Day Opportunities as well as more traditional Day Centre care. Referrals from our services and self-referrals to these organisations **have increased in recent years**, because our service users are choosing the work preparation, training, vocational qualifications, leisure activities and flexible support these services can offer.

Beyond buildings: moving away from centre-based care

2.17 Building-based services are often, by their nature, limited in flexibility. Individuals have told us that they want to use Day Opportunities in different ways and for different reasons. The “one size fits all approach” is no longer appropriate for most service users who want to move towards more flexible models of service provision.

2.18 We also want to be less reliant on building-based services because some groups are poorly represented within traditional day centres. Our Equality Impact Assessment shows that young people and women are not availing of our current services. This is often because building-based services do not meet individual choices and personal needs.

2.19 We want to develop our Day Opportunity Services to be based on individually tailored recovery plans which work on the issues that are important to our service users; not fitting our service users into groups which are running at building-based centres. We plan to make our future services better integrated within our local communities and to support our service users in accessing the same opportunities as every other member of society.

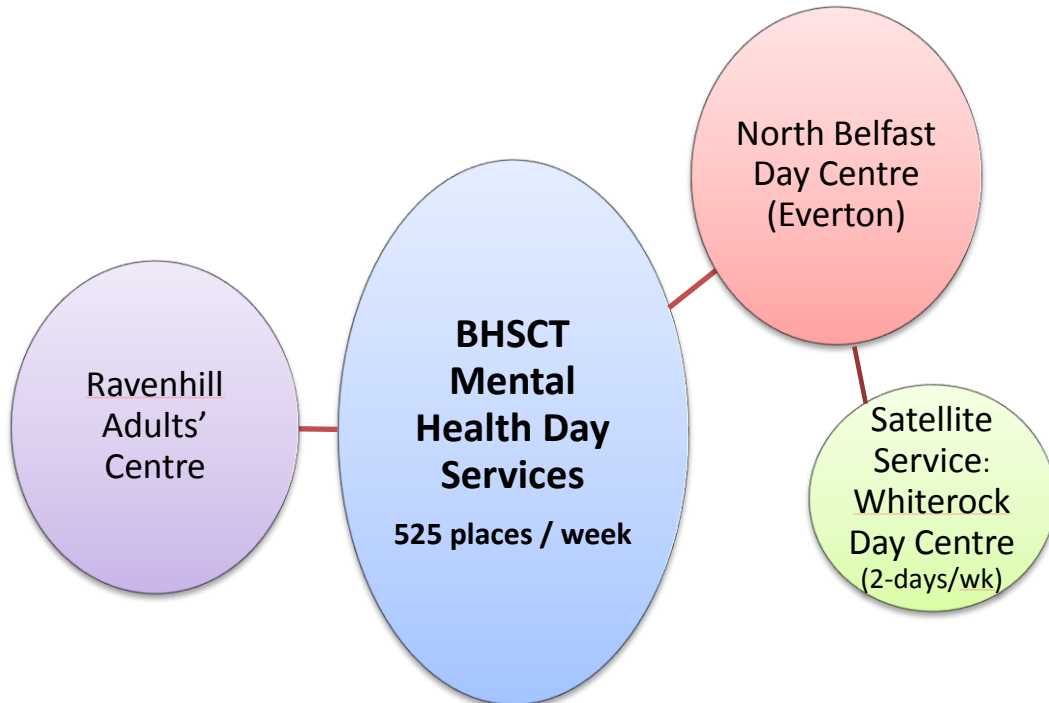
2.20 Our service users have told us that many of them attend our current Day Services to meet with friends and receive support from their peers and staff. We will include this as a key aspect of our future services, recognising the benefits of social connectedness. A significant number of people have told us however, that they do not like going to places that are only for people with mental health problems and they tell us that centre-based Day Care continues to actively stigmatise service users.

Personalisation

2.21 With the introduction of Direct Payments and Self Directed Support service users and their carers now have further options regarding how Day Opportunities are provided to individuals in the future. Such personalised approaches enhance choice and maximise independence.

3.0 How we currently provide mental health day opportunities

- 3.1. Belfast Trust currently provides mental health day opportunities from three centres:



- 3.2. In addition, we commission day care places with Mindwise and Northern Ireland Association of Mental Health (NIAMH) and vocational and educational training from Belfast New Horizons Action Mental Health. These providers deliver a range of individualised recovery based programmes. In recent years, monitoring shows increased service user preference for these services and increased referral rates from our mental health staff to these community and voluntary sector providers. The providers have told us that there is capacity to expand within these services and we intend to look at this in partnership with them in the wider context of this review. We intend to continue to develop this partnership work, ensuring value for money and support for innovation.

4.0 Proposals for future delivery

- 4.1. In this section you will find our proposals for how we believe we should deliver Mental Health Day Opportunities in Belfast in the future.
- 4.2. We want to find out:
 - What you think of our vision and proposals for delivering Mental Health Day Opportunities in the future;
 - How you think your life would be affected if our proposals were adopted;
 - If you have any other suggestions on how we should deliver Mental Health Day Opportunities in the future.
- 4.3. As a publicly funded body we are also obliged to ensure that we obtain value for money (both for our own service and for those we contract from Action Mental Health, NIAMH and Mindwise). This a particular challenge when resources are limited and there are competing priorities. Because fewer Service Users currently access statutory centre based day services and there is under-utilised capacity we must consider how best we use our resources including our contracts with Community and Voluntary Sector partners.
- 4.4. Because of these factors, we know that it will not be viable to operate Trust services from two main sites and one satellite site in the future. We recognise this will have an impact on existing service users so we want to hear your views on how you see our new model meeting everybody's needs in the future.
- 4.5. The Trust values and recognises that it is through our staff that the organisation delivers high quality care. The Trust is fully committed to supporting staff through periods of change.
- 4.6. The proposal outlined in this paper will impact on the staff currently providing day centre services within North Belfast, Whiterock and Ravenhill. It is likely to require reskilling or relocation and redeployment of staff. A total of 31 staff are currently employed within the Centres in the areas of social work, social care, administration and support services.
- 4.7. The Trust is committed to engaging and consulting fully with these staff utilising the Trust's agreed Framework on the Management of Staff affected by Organisational Change and the Staff Redeployment Protocol. The Trust will ensure that staff are fully supported throughout the process of change and will put in place a range of support mechanisms including, as appropriate, individual staff support, induction, training and re-skilling.
- 4.8. The vision and proposals detailed in this document need to be considered in the context of the other services on offer in Belfast, including the day opportunities provided by our community and voluntary sector partners.

Our Vision



- 4.9. Our vision for the future is to provide Day Opportunities and not Day Centre Services. The Day Opportunities model will promote recovery, integration and social inclusion, to improve social and day to day functioning and to facilitate access to other meaningful day time activities and employment. The Day Opportunities service will provide intensive support, for a time-limited period, focused on those most in need. Delivering support in a centre-based approach will be phased out over time, beginning with the concentration of all Day Opportunities services on one site, at Ravenhill. We plan to reconfigure the building at Ravenhill to become a Recovery Centre. We have chosen this as it is a purpose-built, well-maintained unit, with the space capacity for other services to be co-located.
- 4.10. The focus of the Day Opportunities Service will be on service users and staff working together to develop and implement personal recovery plans, utilising activities and resources available through a range of agencies. Statutory Day Opportunities will work in partnership with community and voluntary sector agencies to provide a continuum of choice for service users.
- 4.11. We will bring together a number of existing and planned services into a recovery centre in central Belfast. The Trust currently employs a team of Peer/Community Support workers and we would envisage the Recovery Centre will become a base for their services. With the adoption of the Day Opportunities model we envisage expanding this team as they will become

more pivotal in delivering personal recovery plans for Service Users. The Recovery Centre will also act as a focal point for other Recovery activities, including community and voluntary sector partners who will be pivotal in providing Day Opportunities, including personal development, vocational skills and employability programmes.

- 4.12. We also envisage the Recovery Centre being the base for the Belfast Recovery College where co-produced training and development programmes will be delivered to Service Users and Staff. The small permanent staff of the College will also be based there. We would also like to explore with our Service Users how we could also utilise the Recovery Centre as a base for Service Users support organisations, such as LAMP, in order to maximise the opportunities for Service Users to co-develop and maintain our recovery services.

Our proposals

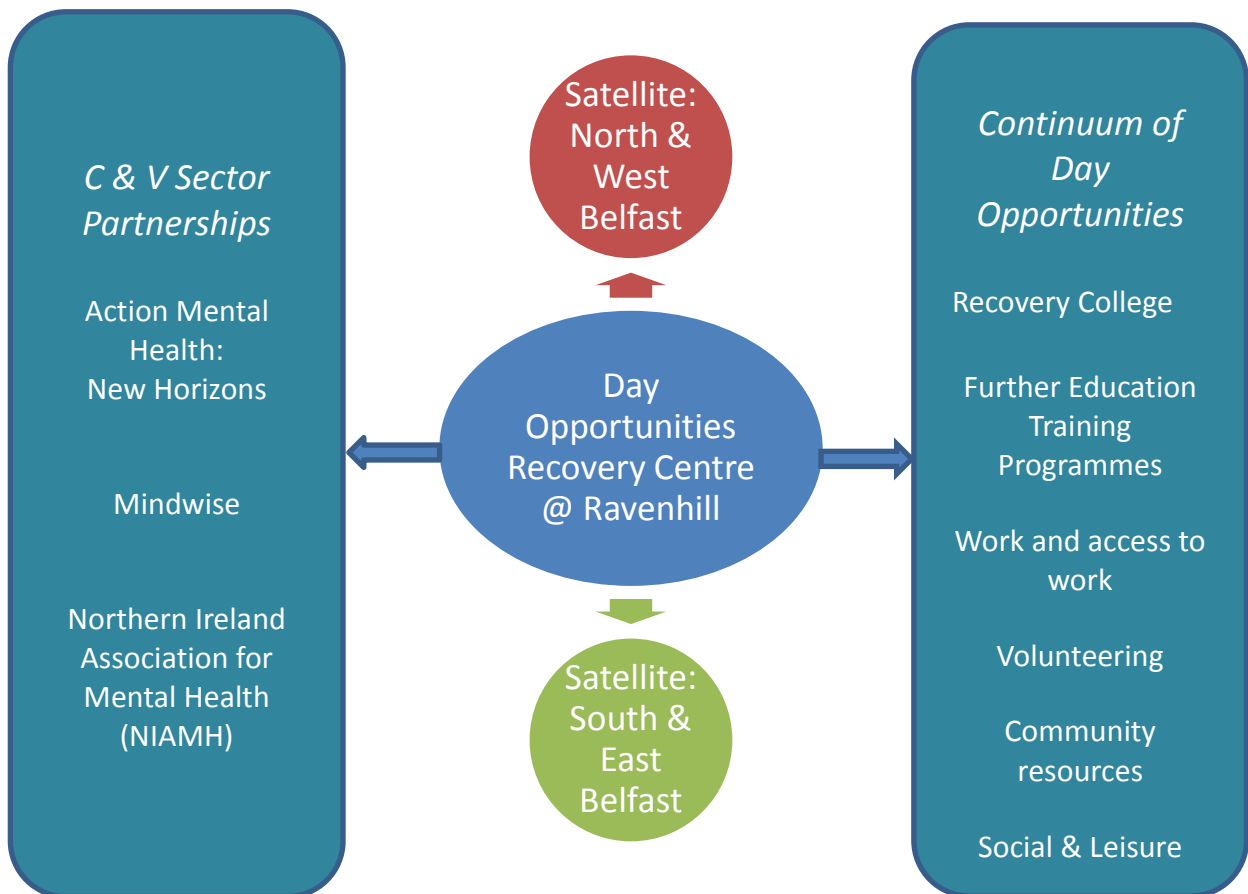
- 4.13. Recognising that changes to the current Day Services model may be difficult for those individuals who have been attending services for a long time; and that it will take time for the wider development of mental health services to be completed, we are proposing a stepped approach to the creation of Mental Health Day Opportunities service.
- 4.14. The Trust at this time does envisage reducing current day centre based service capacity to focus on those most in need. We will provide such services for the duration individuals require a day centre service, which will work on promoting quality of life, independence and social inclusion and access pathways to other resources and organisations. We will ensure that each and every one of our current service users' needs is reviewed, individualised recovery plans are drawn up in partnership with them and their families/carers and support is provided where people are moving on. Where individuals require continued centre-based care, we will support them in the transition to the Day Opportunities model and in the longer-term to access services best meeting their needs.
- 4.15. We realise that this may mean a significant change for our current service users. **We will ensure that each service user has a robust individualised assessment of their current needs and we will work with them to devise their personal recovery plans for the way forward.** We will work with and support our service users, whose needs are currently met by on-going centre based care, and their families and carers, in any transition that is required, ensuring that they can avail of a service best matched to their needs. For our existing day centre service users in North Belfast (Everton) or Whiterock, should there be a change in location of where they usually attend, the Trust will **consider providing transport solutions for a limited period of time based on individual need.**
- 4.16. We believe this model will better meet the demand for Day Opportunities and allow us to focus our staff and resources on better meeting the needs of our

service users rather than on maintaining multiple buildings. We also believe that this model will allow our service to be more flexible and socially inclusive.

Proposal:

Stage 1 – Short Term 6 months to 24 months

Continue to develop strong partnerships with the community and voluntary sector and other agencies to offer choice and a continuum of day opportunity provision for service users



4.17 This will be the first step in our modernisation plan and transition from traditional statutory day services provision to the Day Opportunities model. The Recovery Centre at Ravenhill will provide both an administrative base for staff to develop the Day Opportunities model and room space for individual and group programmes as required. Satellite sites in North/West and South/East Belfast will be sought in local communities and used as a base from where the Day Opportunities Services can be delivered or as a meeting point for accessing other community resources. We plan to reconfigure the building at Ravenhill to become a Recovery Centre. We have chosen this as it is a purpose-built, well-maintained unit, with the space capacity for other services to be co-located.

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- 4.18 Working from the premise of meeting what our service users need, each person will have an individualised recovery plan designed to maximise Day Opportunities and developed in partnership with them. Recovery plans may involve attending the central Recovery Centre, attending satellite services or focusing more on individual or small group work in the community.
- 4.19 In developing this new model, we will work closely with our service users and their families and carers and our staff, from right across mental health, to ensure our service delivers what is needed in supporting social inclusion and quality of life. For our new service, we will focus our attention on encouraging service users to work with us on the design of our service and with our staff on helping them to assist their service users in making the right choices for day opportunities.
- 4.20 Partnership working will be key to the success of our Day Opportunities Service. We will aim to offer service users' choice of day opportunity provider based on their own preference and their level of need. The Day Opportunities service will be involved with individuals for a time-limited period determined by need; will assist our service users to develop the skills and confidence for going forward in their recovery journeys; and be an access point supporting individuals in moving on. We will work with our community and voluntary sector partners to ensure they are providing the services that best meet our service users' needs and will support them in being innovative and forward-thinking. We will develop robust referral pathways and transitioning arrangements with our community and voluntary sector partners. We will also consider how we might provide additional support for service users' by ensuring 'drop-in' services are part of the range of services offered.

Stage 2 – Medium Term 24 months-onwards

Develop a Day Opportunities Service which moves towards a truly integrated, community-outreach model which has a base in a central Belfast locality



- 4.21 We will continue to work with our wider mental health services, specifically the Community Rehabilitation Team, Early Intervention Team and Community Mental Health Teams to ensure our service supports their needs and is accessible to individuals with mental health problems that require Day Opportunities.
- 4.22 We aim to embed the integration and community outreach vision to ensure our service users are provided with opportunities to be fully included in their local communities and develop the skills and confidence for moving on to partner or mainstream agencies as they wish. We will also ensure that those who will require Day Opportunities in the longer term, receive a service which maintains their skills and abilities and provides an opportunity for social integration.
- 4.23 We aim to secure fit-for-purpose premises in central Belfast, which will be one bus ride for all of our service users and create a Recovery Centre, encompassing some of our community services and Recovery College under one roof. This would mean relocating the Ravenhill Recovery Centre to a site in the city centre. This site would be a multi-functional space for individual or small group work or a base from which service users and staff can meet before moving on to activities or resources in local communities.

5.0 An Equality Impact Assessment in regard to the consultation on Delivery of Mental Health Day Services for People living in Belfast.



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Availability in other formats

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Contents

		Page
1	Introduction	24
2	Statutory Context: <i>2.1: Section 75 N.I. Act 1998</i> <i>2.2: Disability Duties</i> <i>2.3: Human Rights</i>	24 25 26 26
3	The Equality Impact Assessment Process	27
4	Consideration of Available Data & Research	28
	4.1 Strategic Data Sources:	28
	<i>4.1.1: Investing for Health DHSSPS 2002 – Promoting Mental Health</i>	28
	<i>4.1.2: Bamford Review</i>	28
	<i>4.1.3: Delivering the Bamford Vision</i>	28
	<i>4.1.4: From segregation to inclusion 2006 (Dept of Health)</i>	29
	<i>4.1.5: Mental Health & Social Inclusion 2009</i>	29
	<i>4.1.6: Fair Deal for Mental Health</i>	29
	<i>4.1.7: Implementing Recovery through Organisational Change (ImROC) programme.</i>	29
	<i>4.1.8: Mental Health Care Pathway</i>	30
	<i>4.1.9: Guide on Promoting Positive Attitudes and Encouraging Participation in Public Life</i>	30
	<i>4.1.10: DHSSPSNI Budget 2015/16</i>	30
	<i>4.1.11: DHSS – Change or withdrawal of services: Revised Guidance on roles and responsibilities DHSSPS Nov 2014.</i>	30
	<i>4.1.12: ECNI Guide on Section 75 and Budgets</i>	30
	<i>4.1.13: ECNI Guidance on the Disability Duties</i>	30
	<i>4.1.14: Promoting Positive Attitudes and Encouraging the Participation of Disabled People in Public Life</i>	30
	4.2 Local Data Sources:	31
	<i>4.2.1: Excellence & Choice in Adult Mental Health Services 2009</i>	31
	<i>4.2.2: Excellence & Choice - Consultation on the re-provision of mental health services at Victoria Day Centre, January 2009 and Equality Impact Assessment Reform and Modernisation of Day Services - Victoria Day Centre.</i>	31
	<i>4.2.3: “The Belfast Way”</i>	31
	<i>4.2.4: “New Directions”</i>	31
	<i>4.2.5: Emerging Themes</i>	31
	<i>4.2.6: Belfast Trust’s Organisational Management of Change Framework</i>	31
	<i>4.2.7: Corporate Plan 2013 – 2016</i>	31
	<i>4.2.8: Equality Scheme</i>	31
	<i>4.2.9: Not Just Health: Strategy to tackle inequalities</i>	31

	4.3 <i>Mental Health Day Service Provision</i>	32
	4.4 <i>Population Profile – BHSCT area</i>	33
	4.4.1: <i>Disability</i>	35
	4.4.2: <i>Marital Status</i>	35
	4.4.3: <i>Religious Belief</i>	37
	4.4.4: <i>Ethnicity</i>	37
	4.4.5: <i>Dependant status</i>	37
	4.4.6: <i>Political Opinion</i>	38
	4.4.7: <i>Sexual Orientation</i>	38
	4.4.8: <i>Postcode Analysis</i>	38
	4.4.9: <i>Multiple Identities</i>	40
	4.4.10: <i>Health & Social Inequalities</i>	40
5	Belfast Health & Social Care Trust: Staff Profile	41
	5.1: <i>Trust Workforce</i>	41
	5.2: <i>How the Trust will manage the process of change</i>	41
	5.3: <i>Equality Data</i>	41
6	Consideration of Adverse Impacts	44
	6.1: <i>Scope</i>	44
	6.2: <i>Equality Screening Outcome</i>	44
	6.3: <i>Assessment of Impact:</i>	44
	6.3.1: <i>Age</i>	44
	6.3.2: <i>Gender</i>	44
	6.3.3: <i>Disability</i>	45
	6.3.4: <i>Marital Status</i>	45
	6.3.5: <i>Ethnicity</i>	45
	6.3.6: <i>Religious Belief</i>	46
	6.3.7: <i>Dependants</i>	46
	6.3.8: <i>Political Opinion</i>	46
	6.3.9: <i>Sexual Orientation</i>	46
	6.3.10: <i>Good Relations</i>	47
	6.3.11: <i>Postcode Analysis</i>	47
	6.4: <i>Disability Duties</i>	47
	6.5: <i>Human Rights</i>	47
	6.6: <i>Assessment of Impact on Section 75 Groups - Staff</i>	49
	6.6.1: <i>Summary Analysis</i>	49
	6.6.2: <i>Gender</i>	49
	6.6.3: <i>Age</i>	49
	6.6.4: <i>Religion</i>	49
	6.6.5: <i>Political Opinion</i>	49
	6.6.6: <i>Marital Status</i>	49
	6.6.7: <i>Caring Responsibilities</i>	49
	6.6.8: <i>Disability</i>	49
	6.6.9: <i>Ethnicity</i>	50
	6.6.10: <i>Sexual Orientation</i>	50

7	Consideration of mitigating measures	50
	<i>7.1: Pre-consultation to inform the Proposal</i>	50
	<i>7.2: Proposed mitigating measures</i>	52
	<i>7.3: Good Relations</i>	53
	<i>7.4: Human Rights</i>	53
	<i>7.5: Health & Social Inequalities</i>	53
	<i>7.6: Consideration of mitigation of staff</i>	54
	<i>7.7: Staff relocation / redeployment</i>	54
	<i>7.8: Partnership approach</i>	55
	<i>7.9: Ongoing monitoring and review</i>	55
8	Formal consultation, publication and monitoring	55
	<i>8.1: Formal consultation</i>	56
	<i>8.2: Publication</i>	56
	<i>8.3: Decision of the Public Authority</i>	56
	<i>8.4: Monitoring</i>	57

Figures		
		Page
Figure 1	Usage as a percentage of weekly total capacity	32
Figure 2	Belfast Trust area population by age	33
Figure 3	Current Service Users in North Belfast by age	33
Figure 4	Current Service Users in Ravenhill by age	33
Figure 5	Current Service Users in Whiterock by age	34
Figure 6	Overall age profile of people attending Day Centres across Belfast Trust	34
Figure 7	Belfast Trust Population by Gender	34
Figure 8	Gender Profile of Service Users across the three Day Centres	35
Figure 9	Marital Status of those attending North Belfast Day Centre	36
Figure 10	Marital Status of those attending Whiterock Day Centre	36
Figure 11	Marital Status of those attending Ravenhill Day Centre	36

Figure 12	Religious Composition of Service Users across Day Centres	37
Figure 13	Those with Caring Responsibilities across the three Centres	37
Figure 14	Political opinion NI Assembly Election 2011	38
Figure 15	Home Postcodes of Service Users in North Belfast Day Centre	38
Figure 16	Home Postcodes of Service Users in Whiterock Day Centre	39
Figure 17	Home Postcodes of Service Users in Ravenhill	39
Figure 18	Illustrating Postcode Areas in Belfast	40

Tables		
Table 1	ECNI Guidelines in conducting an EQIA	27
Table 2	Staff Profile	42

1. Introduction

This Equality Impact Assessment (EQIA) has been prepared by the Belfast Health and Social Care Trust (BHSCT) to assess the impact of the changes outlined within the Trust's Consultation Document – 'Proposals for a consultation on the Delivery of Mental Health Day Services for People living in Belfast.'

An EQIA is an in-depth analysis of a proposal to determine the extent of the impact on equality of opportunity for the 9 equality categories under Section 75 of the Northern Ireland Act 1998 and on the disability duties contained in the Discrimination Act 1995 (as amended). The EQIA also considers the human rights impacts on the proposal for the modernisation and delivery of mental health day services for people living in Belfast.

How to get involved?

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

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

Deadline for comments will be: 26th November 2015.

To facilitate comments please see Consultation and EQIA questions at the end of this document. Following consultation a summary report will be made available.

2. Statutory Context

There are three important areas of law which are considered relevant to and covered within this Equality Impact Assessment:

- Section 75 of the Northern Ireland Act 1998
- Disability Discrimination Act 1995 (as amended by Article 5 of the Disability Discrimination (NI) Order 2006
- Human Rights legislation.

These are now considered in detail:

2.1 Section 75 of NI Act 1998

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

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

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

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

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

Consideration is also given to the health and social inequality, disability discrimination and human right implications.

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

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

2.2 Disability Duties

Under section 49A of the Disability Discrimination Act 1995 (the 'DDA 1995'), (as amended by Article 5 of the Disability Discrimination (Northern Ireland) Order 2006), Belfast Trust, when carrying out its functions must have due regard to the need to:

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

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

2.3 Human Rights

The Trust is committed to the safeguarding and promotion of Human Rights in all aspects of its work. The Human Rights Act gives effect in UK Law to the European Convention on Human Rights and requires legislation to be integrated, so far as possible in a way that is compatible with the Convention rights and makes it unlawful for a public body to act incompatibly with the convention rights. Where a public authority has assumed responsibility for the welfare and safety of individuals, there is a particular duty to guarantee human rights

The Trust will make every effort to ensure that respect for human rights, is part of its day to day work and is incorporated and reflected as an integral part of its actions and decision making process. The Trust will keep human rights considerations and relevant legislation and previous judicial reviews at the core of any decisions or considerations.

The Trust is committed to upholding the principles of the UN Convention on the Rights of Persons with Disability which seeks to promote, protect and ensure full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities and to promote respect for their inherent dignity.

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

- International Covenant on Civil and Political Rights
- International Covenant on Economic, Social and Cultural Rights
- International Convention on the Elimination of All Forms of Racial Discrimination
- Convention on the Elimination of All Forms of Discrimination against Women

- Convention against Torture and Other Cruel, Inhuman or Degrading Treatment. In addition to these, there are European-level treaties including:

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

3. The Equality Impact Assessment Process

An Equality Impact Assessment (EQIA) is a thorough and systematic analysis of a policy, whether that policy is written or unwritten, formal or informal and is carried out in accordance with the section in the Guide to the Statutory Duties. Whilst an EQIA must address all 9 Section 75 categories, it does not need afford equal emphasis to each throughout the process – rather the EQIA must be responsive to emerging issues and concentrate on priorities accordingly.

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

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

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

Table 1: ECNI Guidelines in conducting an EQIA:

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

4. Consideration of available data and research

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

4.1 Strategic Data Sources

4.1.1 Positive mental health has been outlined as a priority area in Northern Ireland (**Investing for Health, DHSSPS, 2002**); **Promoting Mental Health. Strategy and Action Plan 2003-2008 DHSSPS, 2003**). The recovery approach will 'support people with a mental health need to plan and build a satisfying life, engaging in work or other meaningful activities and contributing to and participating in society (DHSSPS, 2009).

4.1.2 In 2002, the DHSSPS initiated an independent review of mental health and learning disability law, policy and service provision, now referred to as the **Bamford Review**. The report of 2007 contained a number of recommendations aimed at improving mental health services across Northern Ireland.

Key recommendations from Bamford, which have informed the proposals for service improvement within the Belfast Trust, are outlined below. With reference to Day Services, this review recommended that:

- A continuum of options be made available
- Service users should be offered choice in relation to occupation, education and training opportunities
- Services should be needs led and flexible in the support they provide
- Services should aim to maintain and improve social networks and social inclusion
- Services should use mainstream community services and facilities
- Effective links should be made with voluntary organisations to expand opportunities for individuals with complex mental health needs.

4.1.3 A 10 - 15 year action plan (Delivering the Bamford Vision; DHSSPS, 2009) following through on the recommendations of the Bamford Review (DHSSP, 2011) focuses on the provision of a range of effective recovery-based services that help people with a mental health problem to achieve and maintain their optimum level of functioning.

The recovery approach will support people with a mental health need to plan and build a satisfying life, engaging in work or other meaningful activities and contributing to and participating in society (DHSSPS, 2009).

Based on the Bamford Review recommendations, the new proposed model of care is characterised by a revitalised and more socially inclusive day support services.

4.1.4 From Segregation to Inclusion 2006 (Department of Health)¹:

This guidance was designed to assist commissioners of mental health services in the refocusing of day services for working-age adults with mental health problems into community resources that promote social inclusion and promote the role of work and gaining skills in line with current policy and legislation. It stated that the development of community-based services to replace the remote institutions of former years has meant that the vast majority of people with more serious mental health problems now live within their own communities. Although they may now be physically located within these communities, too often they remain apart from them: living, working and spending their leisure time in a range of specialist mental health provision. Such segregation limits both the opportunities available to people who experience mental health problems and the wider community's understanding of and ability to accommodate them. The guidance advocates that until people with mental health issues can participate fully, as equal citizens, with access to the same opportunities that most people take for granted, understanding and opportunity will remain limited, with all that this implies both for individuals and for the wider community.

4.1.5 Mental Health and Social Inclusion 2009²: This report found that “Social exclusion is an avoidable reality in the daily lives of many people with mental health problems. These people are among the most marginalised and stigmatised groups in our society. There is clear evidence that they may be excluded both because they have inadequate material resources and because they are unable to participate in economic or socially valuable activities. They may be isolated and excluded from social relations and the wider community, and excluded from basic civil and political processes”. The report also highlighted that recovery does not just mean clinical recovery but also encompasses the notion of social recovery – and states that “Hope, a sense of personal control, and opportunity are key ideas relating to recovery.”

4.1.6 Fair Deal for Mental Health³: This campaign was spearheaded by the Royal College of Psychiatrists and the basis of this project was about fairness and equality for people with mental ill health. One of the aims for the campaign was that “Recovery and rehabilitation should be integral to mental healthcare and treatment. A coherent policy based on recovery-orientated practice is needed for people experiencing long-term mental health problems”.

4.1.7 Implementing Recovery Through Organisational Change (ImROC) programme: The Implementing Recovery through Organisational Change (ImROC) programme is being undertaken in all Statutory Mental Health services in Northern Ireland and widely throughout the U.K. and Ireland. This programme is driving innovation in mental health services, with partnership, co-production with

¹ <http://www.rcpsych.ac.uk/pdf/Segregationinclusion.pdf>

² <http://www.rcpsych.ac.uk/pdf/social%20inclusion%20position%20statement09.pdf>

³ [http://www.rcpsych.ac.uk/pdf/Fair%20Deal%20manifesto%20\(full%20-%201st%20July2009\).pdf.pdf](http://www.rcpsych.ac.uk/pdf/Fair%20Deal%20manifesto%20(full%20-%201st%20July2009).pdf.pdf)

service users and carers and active citizenship as key principles for the way forward. Mental health services in the Trust continue to innovate and modernise informed by what our service users are telling us is important to them.

4.1.8 ‘You in Mind’: The Regional Mental Health Care Pathway, co-produced by the Health and Social Care (HSC) Board, HSC Trusts Mental Health Services and Service Users, was launched in October 2014 by the Health Minister as the way forward for in the creation and delivery of highly personalised and recovery orientated treatment and care. This partnership approach between service users and care providers emphasises key principles for all services, including Day Opportunities, going forward. These include:

- ✓ Hope
- ✓ Partnership
- ✓ Personal participation
- ✓ Input into all key decision making
- ✓ Confidence in the support provided
- ✓ Better outcomes which enable personal recovery.

4.1.9 Guide on Promoting Positive Attitudes and Encouraging Participation in Public Life: The Equality Commission for Northern Ireland noted in 2007 in its guidance on the Disability Duties: Promoting Positive Attitudes and Encouraging the Participation of Disabled people in public life, that ‘At present disabled people do not have the same opportunities or choices as non-disabled people. Nor do they enjoy equal respect or full inclusion in society on an equal basis. Often it is attitudinal and environmental factors (such as the way in which services are designed or delivered), rather than limitations arising from a disabled person’s disability, which unnecessarily restrict a disabled person’s ability to participate fully in society.’⁴

4.1.10 DHSSPSNI Budget 2015/16

4.1.11 DHSS- Change or Withdrawal of Services: Revised Guidance on Roles and Responsibilities DHSSPS November 2014

4.1.12 ECNI Guide on Section 75 and Budgets

4.1.13 ECNI Guidance on the Disability Duties

4.1.14 Promoting Positive Attitudes and Encouraging the Participation of Disabled People in Public Life

⁴<http://www.equalityni.org/ECNI/media/ECNI/Publications/Employers%20and%20Service%20Providers/DisabilitydutiesGuideforPAs2007.pdf>

4.2 Local Data Sources

4.2.1 Excellence and Choice in Adult Mental Health Services 2009⁵: This consultation set out the Trust's strategic direction for day services. "The Trust believes that the current services provided through the day care centres do not adequately promote a recovery ethos. Services need to deliver activities which promote social inclusion and recovery i.e. education, training, employment and inclusive leisure activities. This approach needs to involve other agencies alongside health and social care. To achieve the above services need to move away from a solely centred based approach to delivering support to clients in their own communities.

4.2.2 Excellence and Choice – Consultation on the Re-provision of Mental Health Services at Victoria Day Centre, January 2009' and Equality Impact Assessment Reform and Modernisation of Day Services – Victoria Day Centre⁶: This paper highlighted the limitations that day centres provided in that 'historically Trust mental health day centres have typically provided a service to people with mental health difficulties that assist them to maintain their current level of mental health. These services have provided a range of task -orientated activities including contract work, shopping trips, arts and crafts that are designed to engage and occupy and provide an element of socialisation. Whilst many people enjoy these activities and the opportunity to meet with others with mental health difficulties, the current services have promoted maintenance as opposed to recovery and to a degree, reinforced dependency on the system'.

4.2.3 "The Belfast Way": A vision of excellence in Health and Social Care.

4.2.4 "New Directions": A conversation on the future delivery of Health and Social Care Services for Belfast.

4.2.5 Emerging Themes - Section 75 Inequalities Audit.

4.2.6 Belfast Trust's Organisational Management of Change Framework

4.2.7 Corporate Plan 2013-2016

4.2.8 Equality Scheme which incorporates the Trusts Human Rights obligations and disability duties.

4.2.9 Not Just Health: Strategy to tackle inequalities

⁵ http://www.belfasttrust.hscni.net/pdf/Excellence_and_Choice_Adult_Mental_Health_Services.pdf

⁶

[http://www.belfasttrust.hscni.net/pdf/Reform_and_Modernisation_Day_Support_Services_Victoria_Centre\(1\).pdf](http://www.belfasttrust.hscni.net/pdf/Reform_and_Modernisation_Day_Support_Services_Victoria_Centre(1).pdf)

4.3 Mental Health Day Service Provision

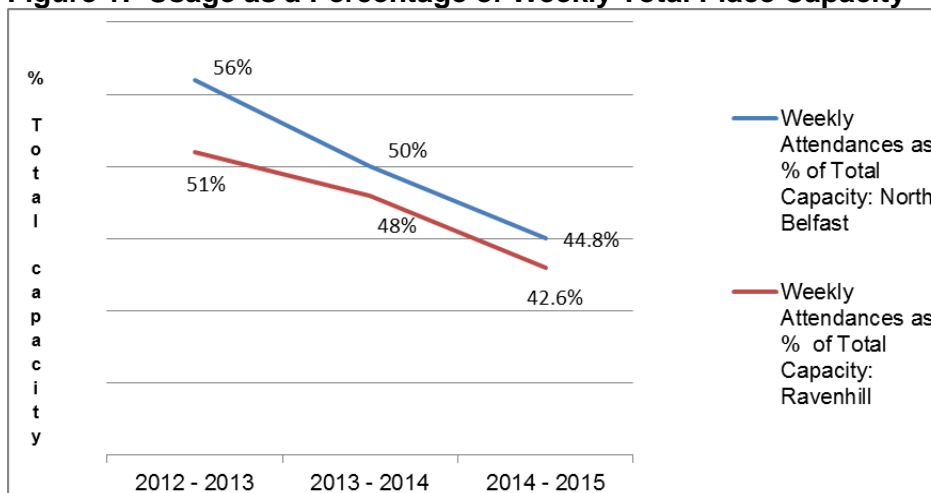
Belfast HSC Trust currently provides Mental Health Day Services in two primary centres, Ravenhill Adults' Centre and North Belfast Day Centre (Everton), with a satellite service in Whiterock Day Centre two days per week. Mental Health Day Services are offered to adults with mental health issues from 18-65.

Ravenhill and North Belfast operate five days per week, Monday to Friday and have capacity for 75 places per day and 50 places per day respectively. Whiterock has capacity for 25 places per day, Tuesday and Thursday.

Currently, Trust Day Services are being significantly under-utilised, with less than half of the available places being used across the centres in Belfast (Figure 1).

Over the past 3-years, referrals to the three centres have also been reducing, with a total of 55 referrals made in the April 2014 – March 2015 period, compared to 113 referrals made in the April 2010 – March 2011 period. The Trust at this time does envisage reducing current day centre based service capacity to focus on those most in need. We will provide such services for the duration individuals require a statutory service, which will work on promoting quality of life, independence and social inclusion and access pathways to other resources and organisations. We will ensure that each and every one of our current service users' needs is reviewed, recovery plans are drawn up in partnership with them and their families/carers and support is provided where people are moving on.

Figure 1: Usage as a Percentage of Weekly Total Place Capacity



4.4 Population Profile: Belfast Health and Social Care Trust area

Figure 2: Belfast Trust area population by age

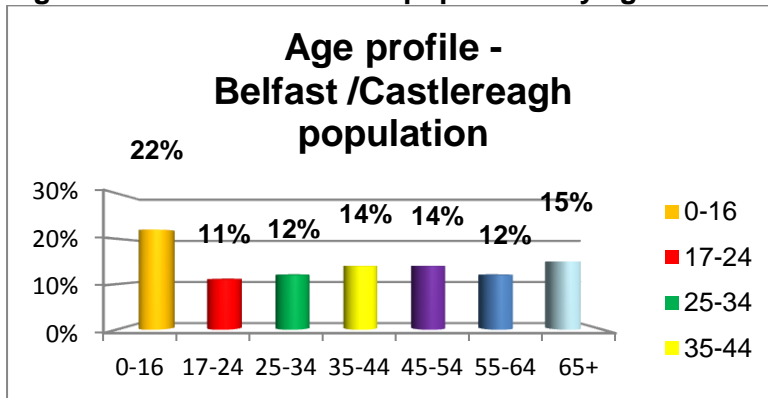


Figure 3: Current Service Users in North Belfast by age

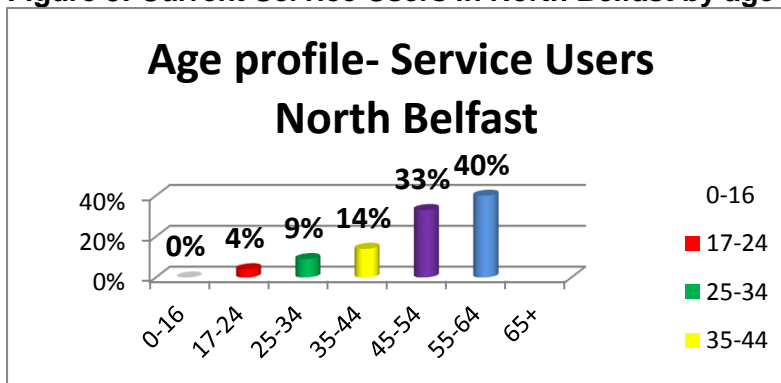


Figure 4: Current Service Users in Ravenhill by age

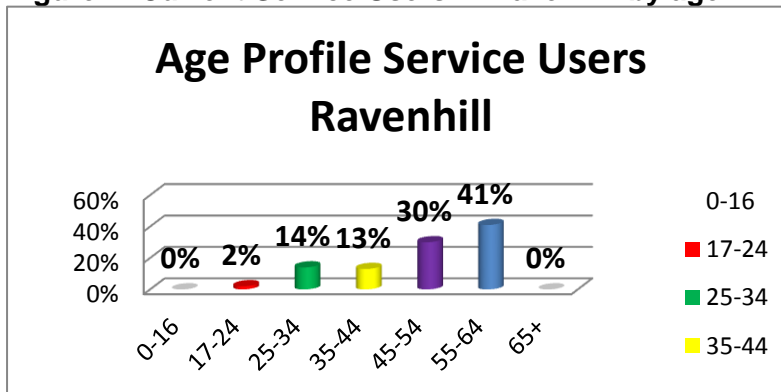


Figure 5: Current Service Users in Whiterock by age

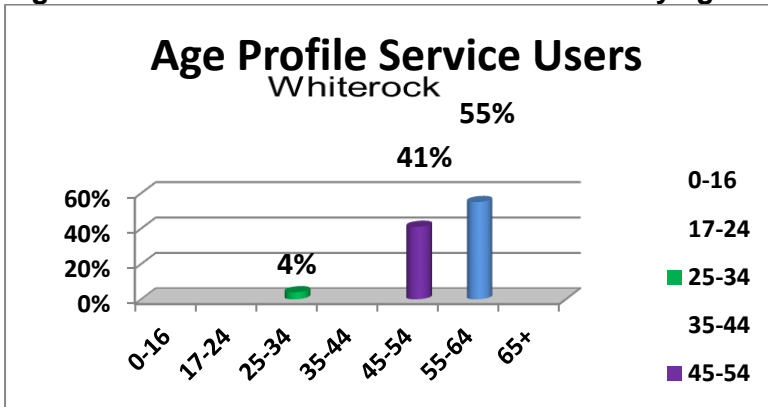


Figure 6: Overall age profile of people attending day centres across Belfast Trust

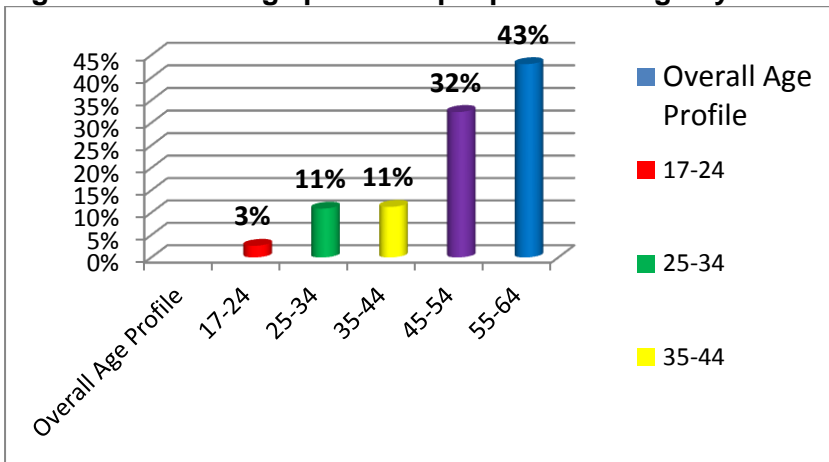


Figure 7: Belfast Trust Population by Gender

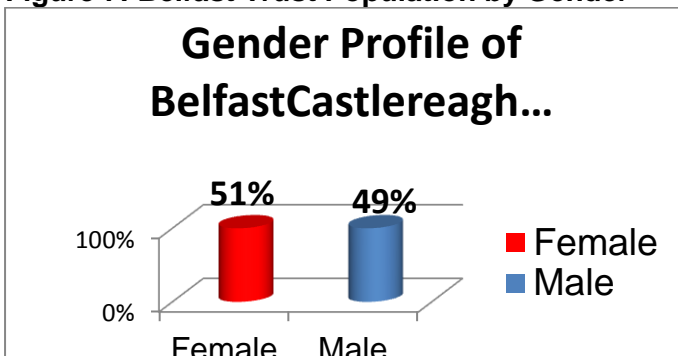
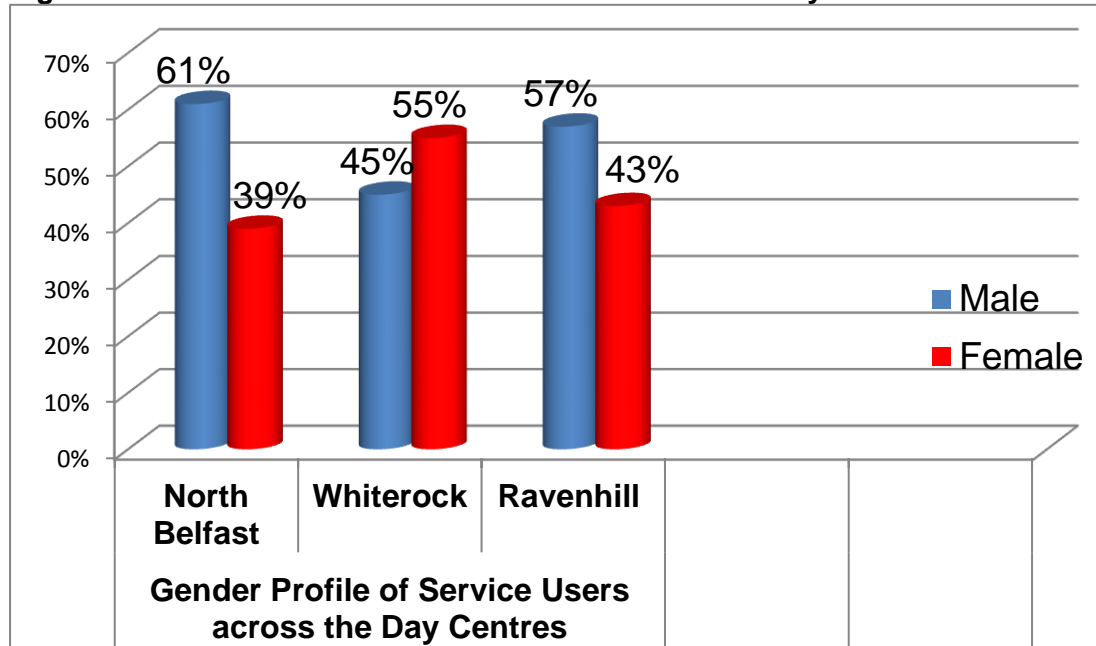


Figure 8: Gender Profile of Service Users across the 3 Day Centres



Overall Service Users are 57% male and 43% female. In comparison with the overall population as depicted in Figure 7, there is a disproportionate number of male service users.

4.4.1 Disability

The Disability Discrimination Act 1995 defines a disabled person as a person with “physical or mental impairment which has a substantial and long-term adverse effect on his ability to carry out normal day-to-day activities. Therefore all service users of mental health day services have a certain level of disability.

4.4.2 Marital Status

Marital Status of Belfast Trust area

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

Figure 9: Marital Status of those attending North Belfast Day Centre

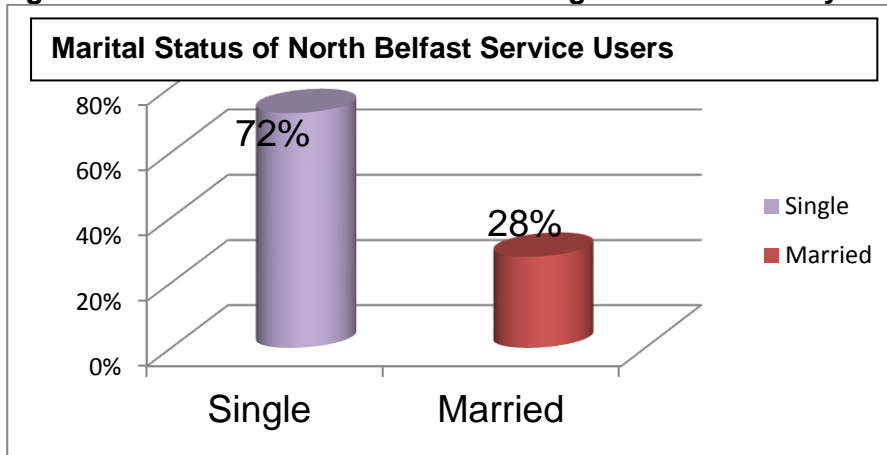


Figure 10: Marital Status of those attending Whiterock Day Centre

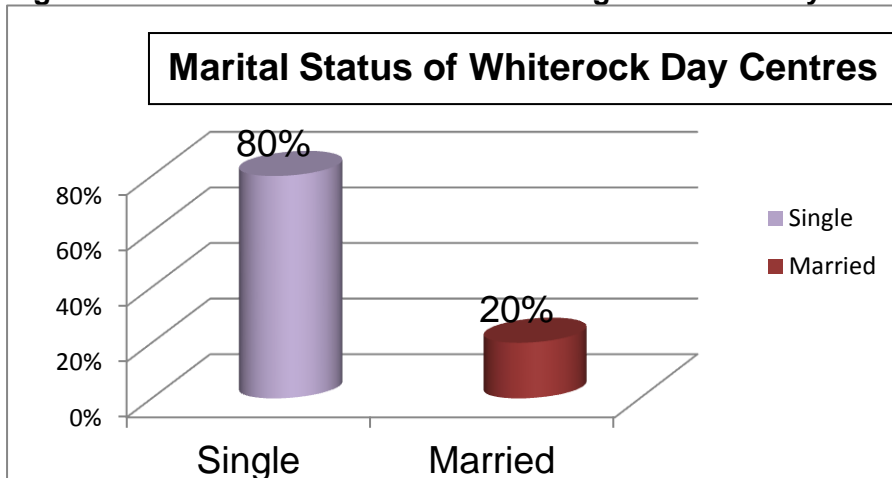
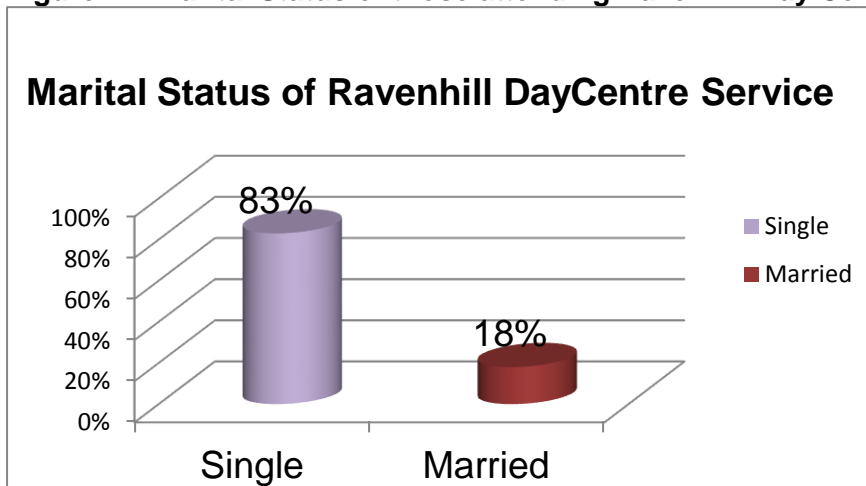
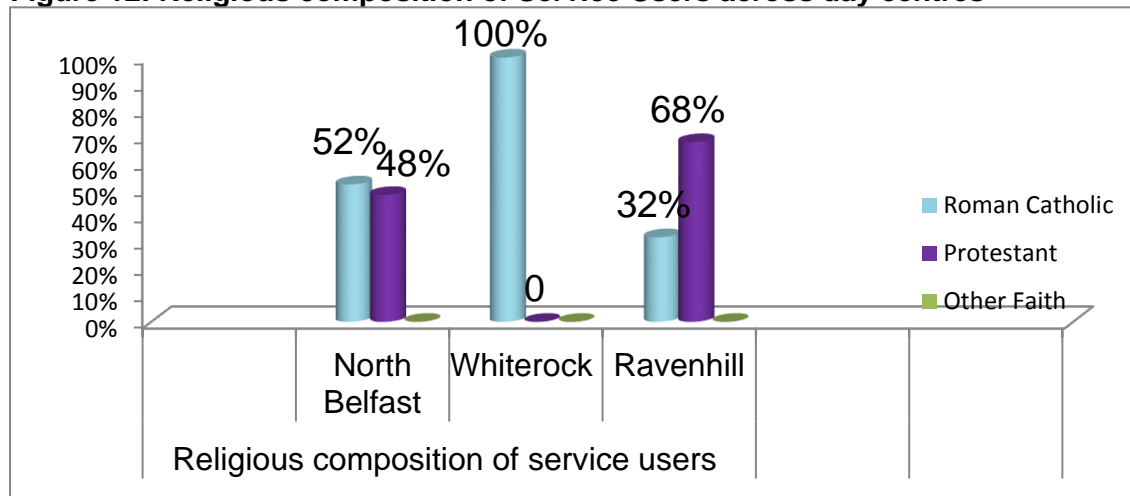


Figure 11: Marital Status of those attending Ravenhill Day Centre



4.4.3 Religious Belief

Figure 12: Religious composition of Service Users across day centres



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

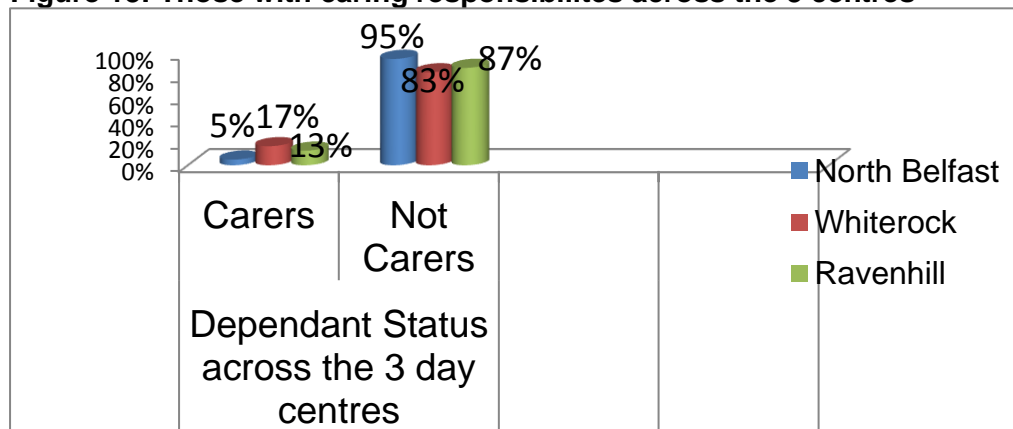
There are no service users with a faith other than Roman Catholic or Protestant across the day centres. This could be partly attributed to the very small proportion of service users who are from a BME community.

4.4.4 Ethnicity

In terms of ethnicity, a significant majority of service users are white. The very low number of service users who are from a black, minority ethnic background have been considered in the equality impact assessment but the Trust will not publish them to safeguard anonymity.

4.4.5 Dependant Status

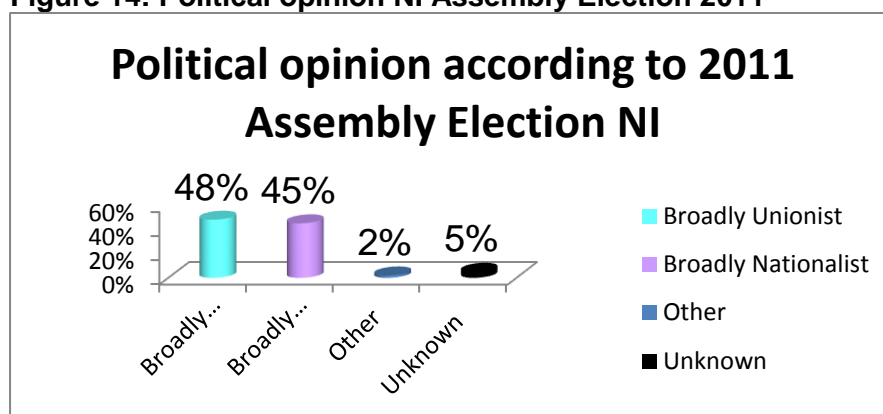
Figure 13: Those with caring responsibilities across the 3 centres



4.4.6 Political opinion

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

Figure 14: Political opinion NI Assembly Election 2011



4.4.7 Sexual Orientation

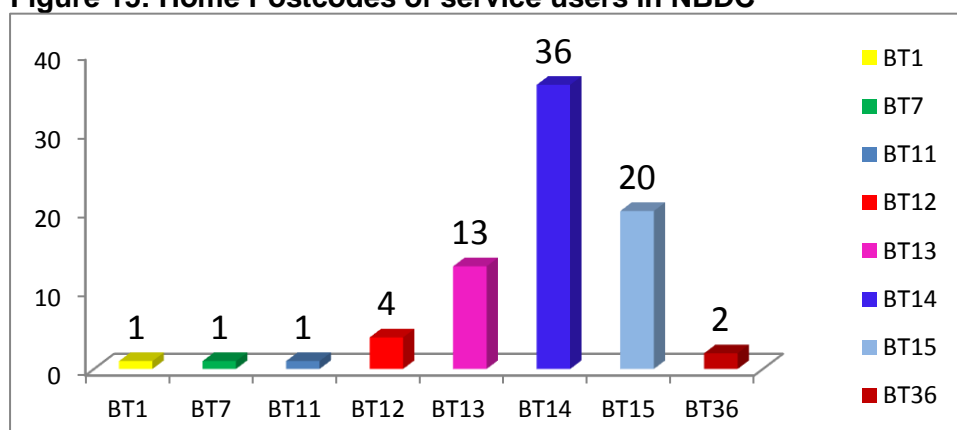
The sexual orientation of service users is not routinely gathered.

4.4.8 Postcode analysis

A postcode analysis was completed in terms of where service users lived and where they availed of their current day service provision.

For North Belfast Day Centre, the postcode analysis results are illustrated below:

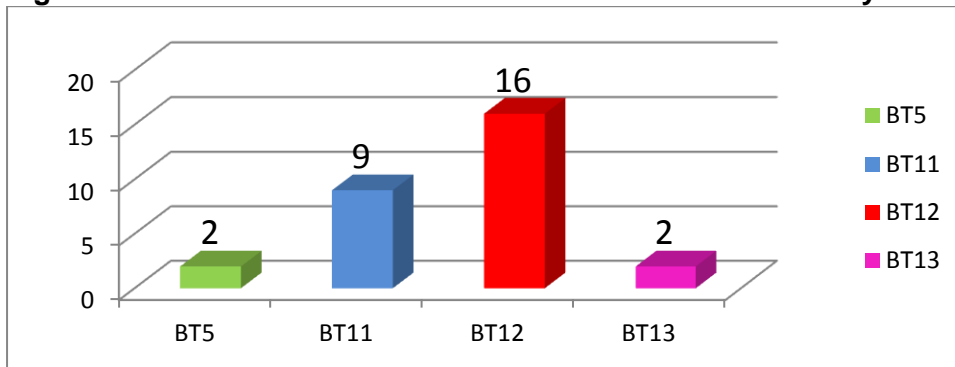
Figure 15: Home Postcodes of service users in NBDC



North Belfast Day Centre is located in BT 14. The majority of service users come from the vicinities around north and west Belfast, with a small percentage coming from Newtownabbey area (BT36). Whiterock is situated in BT12. In terms of current service uses, the majority of come from BT12 and BT11 which are in the north west of Belfast and would be closest in proximity to the day centre. Some come from

BT13 which is also in the locality whilst the remainder from BT5 which corresponds to east Belfast.

Figure 16: Home Postcodes of Service Users in Whiterock Day Centre



As regards Ravenhill Day Centre which is located in BT6, the majority of service users come from BT5 and BT8, and then largely from the postcodes BT6 and 7 – all of which are in south and east Belfast – however there would be a broader range of areas from which service users are coming than in comparison with the two other centres. There are some service users who come from the north and north east of Belfast.

Figure 17: Home postcodes of service users in Ravenhill

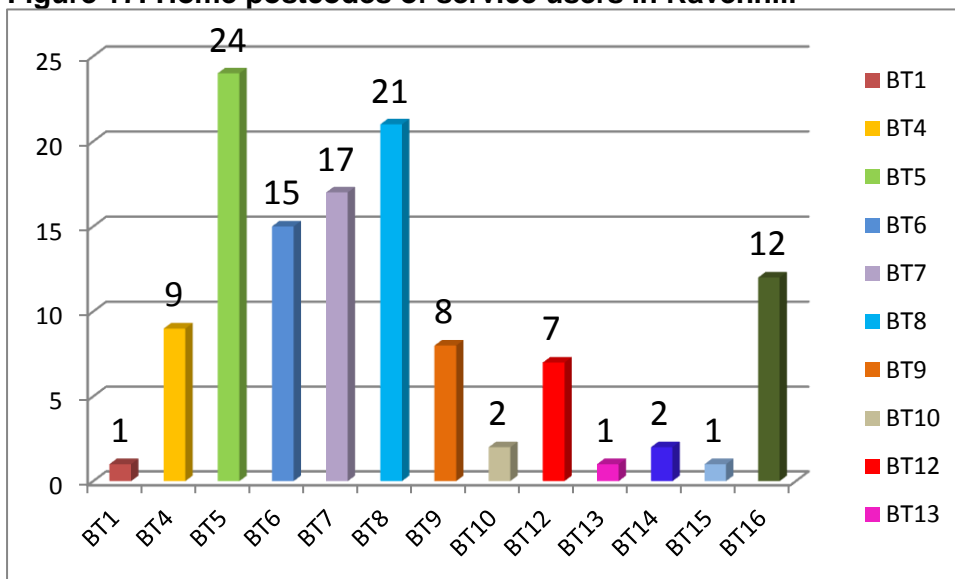
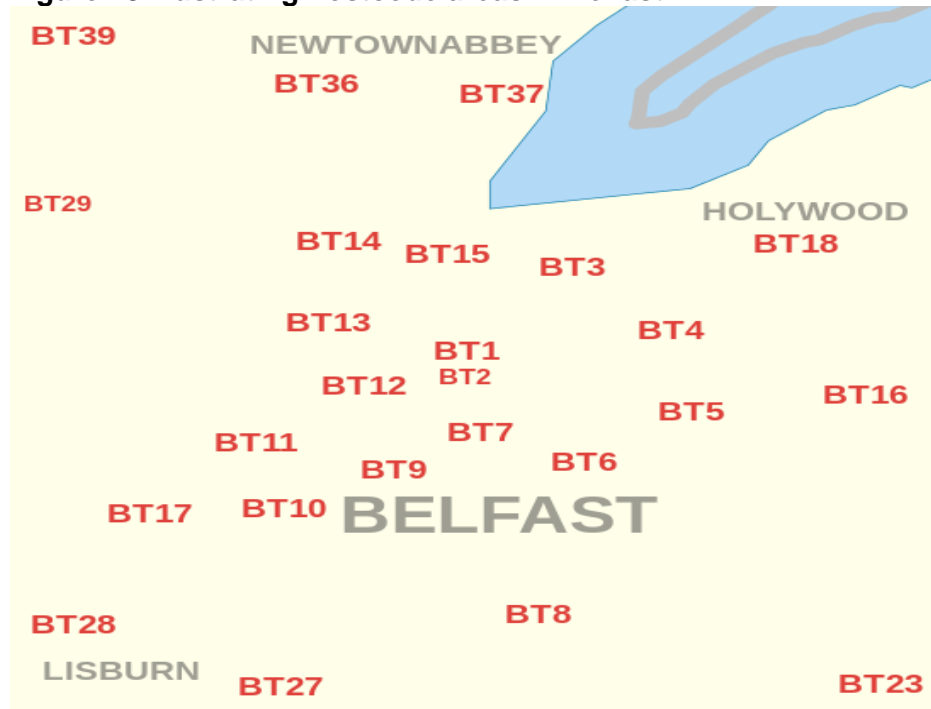


Figure 18 illustrating Postcode areas in Belfast



(Source: Wikipedia BT_postcode_area_inset_map)

4.4.9 Multiple Identities

Belfast Trust fully acknowledges that people can belong to several equality groups and thus have multiple identities. People with mental health conditions are not homogeneous nor are they defined by their mental health. As the aforementioned figures show –service users are diverse in their religious composition, their marital status, and their age and that is why a holistic person-centred approach is essential for service users in terms of their preferences, their aspirations and their recovery.

4.4.10 Health and Social Inequalities

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

- Belfast is the most deprived out of the 26 Local Government Districts (LGDs).
- Belfast has the highest concentration of disadvantage with 7 out of the worst 10 wards (3 North, 3 West, 1 Shankill) and 12 out of the worst 20 wards on the NI Multiple Deprivation Measure2 (NIMDM) 2010 (also known as Noble Measure).
- Belfast has 9 of the 10 worst wards in the region in relation to health deprivation.
- The most widespread disadvantage and deprivation exists in north and west Belfast.
- The Poverty and Social Exclusion project revealed the link between ‘troubles’ experience, deprivation and poor mental health. People with moderate and high

troubles experience were almost twice as likely to live in multiple deprivation as people with no experience (controlling for age, gender, religion and family type). Similarly the high and moderate groups were at least twice as likely to have poor mental health compared to those with no experience of conflict⁷

5. Belfast Health and Social Care Trust: Staff Profile

5.1 Trust Workforce

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

The proposal outlined in this consultation will impact on the staff currently providing day centre services within North Belfast, Whiterock and Ravenhill. It is likely to require reskilling or relocation and redeployment of staff. A total of 31 staff are currently employed within the Centres in the areas of social work, social care, administration and support services. This pool of staff is, in line with the Trust's overall workforce profile, predominantly female. There is a slightly higher proportion of Protestant employees and an older workforce profile evidenced.

5.2 How the Trust will manage the process of change

The Trust is committed to engaging and consulting fully with all staff affected. The process will be dealt with in accordance with the Trust's agreed Framework on the Management of Staff affected by Organisational Change and the Staff Redeployment Protocol. The Trust will ensure that staff are fully supported throughout the process of change and will put in place a range of support mechanisms including, as appropriate, individual staff support, induction, training and re-skilling.

5.3 Equality Data

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

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

⁷ <http://www.poverty.ac.uk/>

Table 2:

Table 2: STAFF *@January 2015				
Equality Category	Groups	Quantitative Data		
		Trust workforce*	Staff affected	
1. Age	<25	4%	Due to the small number of staff affected quantitative data is not provided	An older workforce profile is evidenced with 60% aged over 45.
	25-34	24%		
35-44	26%			
45-54	29%			
55-64	15%			
65+	2%			
2. Dependant Status	Dependants	22%		A higher level of staff with dependants than overall workforce profile.
	No dependants	21%		
	Not known	57%		
3. Disability	Yes	2%		Broadly in line with overall workforce profile.
	No	68%		
	Not known	30%		
4. Gender	Female	78%		In line with the overall workforce profile the majority of staff are female. Almost half of the staff affected (48%) work less than full time hours, the significant majority of whom are female (93%).
	Male	22%		
5. Marital Status	Married/ Civil P'ship	55%		Broadly in line with overall workforce profile.
	Single	33%		
	Other/Not known	12%		
6. Race a) Ethnicity	BME	4%		Broadly in line with overall workforce profile.
	White	80%		
	Not Known	16%		

b) Nationality	GB Irish Northern Irish Other Not known	15% 2% 1% 74%	8%	Limited data available.
7. Religion				Slightly higher proportion of Protestant employees.
a) Community Background	Protestant Roman Catholic Neither	44% 50% 6%		
b) Religious Belief	Christian Other No religious belief Not known	26% 7% 66%	1%	Broadly in line with overall workforce profile.
8. Political Opinion <i>* 2011 Assembly election</i>	Broadly Nationalist Broadly Unionist Other Do not wish to answer/ Unknown	6% 7% 8% 79%		Broadly in line with overall workforce profile.
9. Sexual Orientation	Opposite sex Same sex or both sexes Do not wish to answer /Not known	39% 1% 60%		Broadly in line with overall workforce profile.

6. Consideration of Adverse Impacts

6.1 Scope

The scope of this Equality Impact Assessment focuses on the:

- Current Service Users
- Staff.

6.2 Equality Screening Outcome

This proposal was screened in for a full Equality Impact Assessment. It was determined that a full Equality Impact Assessment was necessary for the following reasons: there are potential equality impacts that are unknown, the potential for adverse impact for people with a mental health disability and if that impact was adverse, it would be likely to be experienced disproportionately by groups of people including those who are marginalised or disadvantaged, and that further assessment would offer a valuable way to explore evidence and ensure that the needs of the service users and staff are identified and appropriately addressed.

6.3 Assessment of Impact

6.3.1 Age

Within the general population in the Belfast Trust area, 59 % of people are aged between 0 and 44 and the remaining 41% are 45+.

Within Adult Mental Health Day Centres in Belfast:

- 43% of current service users are aged 55-64
- 75% are aged between 46 and 65. People transfer at the age of 65 into older people's mental health services.

The figures indicate a smaller number of younger people who are attending the day centres with only 3% of users aged between 18-24 and 11% and 11% in the age range 25-34 and 35-44 respectively. This is in comparison to the younger people within the general population of Belfast as illustrated in Section 4 Figure 2, wherein 11% of the population are aged between 17-24 and 12% are aged 25-34 and 14% are aged between 35-44. As younger people are less likely to attend day centres, this proposal would have the potential to impact on people who are aged between 46 and 65 who avail of the services currently provided at mental health day centres.

6.3.2 Gender

The Belfast Trust serves a population which is 51% female and 49% male.

-
- At North Belfast (Everton) Day Centre, current service users are predominantly male. This proposal would have the potential to have a differential impact on men who attend the centre.
 - At Whiterock, current service users are predominantly female and the proposal would have the potential to impact differentially on women.
 - At Ravenhill the service users are mainly male and the proposal would have the potential to impact differentially on men.

Overall service users of the three day centres are predominantly male (57%) however as indicated above, the gender composition differs across the centres.

6.3.3 Disability

By virtue of the service provided at the day centres, all service users have a mental ill health disability- this will vary in terms of the degree of mental ill health.

- At Ravenhill 17% of service users also have a physical disability.
- At Whiterock 14% of service users have a comorbidity of both physical and mental health disabilities, but attend the day centre as a result of their mental health disability.
- In North Belfast Day Centre only a very small percentage have a physical disability.

The proposal would have the potential to engender impact in terms of disability given that all service users have at least one disability. The Trust will work to ensure that any impact is not in any way major and is minimised for all service users.

6.3.4 Marital Status

A significant proportion – approximately 4/5 of service users are single whilst the rest are either married or in a civil partnership. This is higher than that of the Belfast Trust area population which sits at 46% single. The 20% of service users who are married varies with the Belfast population as a whole - according to the Census 2011, 34% of whom are married.

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

6.3.5 Ethnicity

Virtually almost all service users are white and not from a black minority or ethnic community. The relatively low number would accord with the 2011 Census which showed that only 2% of our population is from a black and minority ethnic background. Research has also shown that mental health services are under-used by BME groups.⁸

⁸ Eoin Rooney, NHSC and Ballymena Inter-ethnic Forum, 2013

There is nothing to suggest that this proposal would have an adverse impact in terms of race or ethnicity.

6.3.6 Religious Belief

All service users are either from a Roman Catholic or Protestant background.

- In North Belfast there are 52% of service users who are from a Roman Catholic background and 48% who are from a Protestant background.
- In Whiterock all service users are from a Roman Catholic background and this could be attributed to the location of the day centre which would traditionally have been perceived as a single identity area.
- In Ravenhill two thirds of service users are from a Protestant background and the remaining service users are from a Roman Catholic background.

Overall there are more Protestant service users than Roman Catholic and the proposal would have the potential to impact more on Service Users who are Protestant. There will be potential for impact for all service users, regardless of their religious belief in the proposed phased reconfiguration.

6.3.7 Dependants

The substantial majority of service users across the day centres do not currently have caring responsibilities. There is a higher percentage of people with caring responsibilities at Whiterock but cognisance needs to be taken of the small number of service users who attend Whiterock – some of whom attend for 1 day and others for 2 days a week. A number of the service users may be dependent on others depending on the acuteness of their disability. There is no evidence on the basis of the information available at present of any major adverse impact in terms of those with caring responsibilities.

6.3.8 Political opinion

According to the 2011 Assembly Elections, the majority of people in Belfast have identified as Broadly Nationalist or Broadly Unionist. The political opinion of service users is not routinely collected by Belfast Trust. In the absence of this information, it is difficult to ascertain if this proposal would have a bearing on equality of opportunity in terms of political opinion. However it is anticipated that this will be gauged through the formal consultation process and the ongoing engagement with individual service users and their families or carers.

6.3.9 Sexual Orientation

The sexual orientation of service users is not collated. The 2011 Census did not gather data on sexual orientation. A report commissioned by the Office of the First Minister and Deputy First Minister suggested that: “It is feasible to operate on the assumption that a certain proportion of the population (up to 10%) is LGBT (lesbian,

gay, bisexual, and transgender), and to formulate policies accordingly.” On the basis of the information available and in light of the proposed model of delivery, there is nothing to indicate that this would have an adverse impact in terms of a service user’s sexual orientation. The formal consultation process and ongoing engagement will provide the opportunity to assess the potential for impact in this regard.

6.3.10 Good Relations

The Trust’s overall purpose is to ‘improve health and well-being and to reduce health inequalities’. As a public authority we have a legal responsibility under Section 75 of the Northern Ireland Act 1998 to promote good relations between persons of different religious belief, racial group and political opinion. It is acknowledged that there is a direct link between good relations and the reduction of health inequalities; therefore, as an organisation, it is important that we are openly committed to promoting Good Relations and challenging sectarianism and racism. On the basis of the information to date there is nothing to indicate that these proposals would in any way impact negatively on the promotion of good relations.

6.3.11 Postcode Analysis

The postcode analysis of the home addresses of service users illustrated that by in large, people will attend the day centre facility which is closest in proximity to them – however it also identified that people do travel some distance across Belfast to access the service.

6.4 Disability Duties

The Trust would interpret this proposal as positive in terms of current disability duties to promote positive attitudes and to encourage full participation of disabled people in public life. The proposed model is borne out of a commitment to no longer apply a ‘one size fits all’ approach to day opportunities, to recognise that people are different and to continue to support service users in day opportunities.

6.5 Human Rights

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

The Trust will pay particular attention to the following commitments and would advocate that a recovery-based model would uphold and promote these rights for those service users, who no longer need to avail of day centres, and who could benefit from greater opportunities in terms of their economic, social and cultural rights:

Respect for privacy and family life

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

Article 1⁹

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

Article 12¹⁰

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

Article 13¹¹

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

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

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

- Persons with disabilities have access to a range of in-home, residential and other community support services, including personal assistance necessary to support living and inclusion in the community, and to prevent isolation or segregation from the community;

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

⁹ International Covenant on Economic, Social and Cultural Rights

¹⁰ Ibid

¹¹ Ibid

6.6 Assessment of Impact on Section 75 Groups – Staff

6.6.1 Summary Analysis

The pool of staff affected by this proposal is, in line with the Trust's overall workforce profile, predominantly female. There is a slightly higher proportion of Protestant employees and an older workforce profile evidenced.

6.6.2 Gender

In line with the overall workforce profile the majority of staff are female. Almost half the staff affected (48%) work less than full time hours, the significant majority of whom are female (93%). The Trust recognises the correlation between gender and caring responsibilities and has in place a range of flexible working opportunities for staff.

6.6.3 Age

An older workforce profile is evidenced in this location with 60% aged 45+. There is nothing to suggest an adverse impact on grounds of age.

6.6.4 Religion

There is a slightly higher proportion of Protestant employees in the affected pool in comparison to the overall workforce profile.

6.6.5 Political Opinion

There is nothing to suggest that this impact will adversely effect on grounds of political opinion.

6.6.6 Marital Status

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

6.6.7 Caring Responsibilities

There is a higher level of staff with dependants than that of the overall workforce profile. The Trust has in place a range of flexible working opportunities for staff to support staff balance work and caring responsibilities.

6.6.8 Disability

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

6.6.9 Ethnicity

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

6.6.10 Sexual Orientation

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

7. Consideration of mitigating measures

In line with the Equality Commission's practical guidance on equality impact assessment this EQIA has considered mitigating measures which minimise the adverse equality impact on those that come within the scope of this assessment i.e. both service users and staff.

This section of the EQIA considers a range of mitigating initiatives to ensure that any potential adverse impact is minimised for staff, service users and carers.

The fundamental concept of the need for this change was first consulted on by Belfast Trust in its Excellence and Choice in Adult Mental Health Services and then in a subsequent Consultation on the re-provision of services at Victoria Day Centre in 2009. At this early juncture the Trust recognised that *"services provided through the Trust's day care centres do not adequately promote a recovery ethos. Services need to deliver activities, which promote social inclusion and recovery. This approach needs to involve other agencies alongside health and social care organisations"* and *"To achieve the above, services need to move away from a solely centre based approach to delivering support to clients in their own communities."*

Within the [Corporate Plan 2013-2016](#), Belfast Trust outlined that it was committed to providing a modern, responsive mental health service that promotes recovery and independence with the full participation of the people who use our services and their carers.

7.1 Pre-Consultation to inform this proposal

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

Prior to developing this formal consultation paper, the Trust has engaged in pre-consultation with service users and has also met with staff across the various units from where mental health day services are currently provided to be open and transparent and to outline the proposal and seek feedback from the outset from these key stakeholders.

The Trust has met with partner agencies in the community and voluntary sector to outline their vision for the improved model of delivery.

The Trust has also engaged with Trade Union colleagues to discuss the rationale for this proposal and the Trust's vision for the future of mental health services.

There has also been engagement with Service User Advocates and Carer Advocates.

A multi-disciplinary project group has been established to discuss the proposal and to oversee its implementation subject to the outcome of the formal consultation.

A meeting was convened with the Trust internal stakeholder forum, comprising community mental health teams and the wider mental health stakeholders who are the source of referrals to current day centres to discuss the benefits and way forward for this proposed model focussing on the recovery model and full integration in the community for people with mental ill health. Mental Health Services also benefit from the input, knowledge and expertise of a service user consultant, who is part of their management team.

The objectives of the pre-consultation were as follows:

- To provide information and discuss the future vision
- Allay anxieties by responding promptly to queries
- Take cognisance of potential impact of the proposed service change
- Discuss and seek views on the best ways of giving a voice to service users
- Use findings to inform the proposal and a public consultation process.

The Trust will secure the involvement of an independent advocacy service to support service users and carers throughout the consultation process and beyond, should a decision be taken to approve the proposed service development.

The Trust will hold a public meeting during the formal consultation period for interested stakeholders. There will be facilitated engagement sessions with the support of advocates so that service users and carers can provide their feedback and ideas.

Mental Health Services are cognisant that a number of mental health day service users will need to continue to avail of statutory day services and the Trust will continue to provide this in a statutory day centre setting. Others have been assessed as being able to benefit from accessing other options within the continuum of day opportunities e.g. volunteering, Recovery College, Employment opportunities. Whilst others have been assessed as more suited to avail of the day services provided by our partners within the community and voluntary sector such as Action Mental Health, Mindwise or Northern Ireland Action for Mental Health.

The assessment, on the basis of the information available, indicates that the proposal would have the potential to impact differentially on people who are over 45 and avail of mental health day services at present. It would have the potential to impact on people with a mental health disability but this change is deemed and well documented as necessary and long overdue and will seek to have a very positive impact on the lives of people with mental ill health. The proposal would have a differential impact for men and for service users who are Protestant given that overall more males and more Protestants overall avail of mental health day service users at present.

There is little uptake of mental health day services from minority ethnic individuals despite a growing culturally diverse population in Northern Ireland— nonethless there is nothing to suggest that this is as a result of how mental health day services are delivered at present and may be due to linguistic and cultural barriers and help-seeking patterns.¹² The Trust envisages that the proposal would have a positive impact for younger service users who it would appear have become disengaged from statutory day service provision. Feedback from younger service users indicates that current day services are out of date and have little to offer them. This proposed access to a continuum of support will help facilitate a range of opportunities for education, social integration and employment and employability for people with mental ill health and promotes the recovery ethos.

There is nothing to indicate on the basis of the information available at present that this proposal would have a majorly adverse impact in regard to Section 75 identity.

7.2 Proposed Mitigating Measures

Notwithstanding, any proposed change can cause anxiety or genuine concerns for service users and their carers and families - particularly those who have availed of traditional day mental health services over a long period of time. Mental Health Services are committed to working in partnership with individuals and their families and carers to facilitate a smooth and well-planned and managed transition (where any transition is required).

Should there be a change in location of where service users currently attend, the Trust will seek to provide transport solutions for a period of time based on individual need.

Service Users will retain their key worker and will have contact with the Community Mental Health Team, where appropriate. They will still be able to access statutory services if required. The Trust has acknowledged in the pre consultation stage what service users and their families have said about the importance of maintaining social networks and having something meaningful to do during the day and believes that the new model would help improve both of these aspirations.

An individual recovery plan will be drawn up and tailored according to the assessed needs of the service user in conjunction with the service user and their family or carer to ensure that their preferences and opinions are core to the person centred

¹² http://www.belfasttrust.hscni.net/pdf/BME_Cultural_Awareness_Document_sml.pdf

planning. Their specific requirements will be taken fully into account when meeting their future needs. The Trust will make sure that the needs of each service user are fully assessed and that any requirements are identified. The recovery plan will be based on the distinct circumstances, needs and aspirations of the service user and ultimately will help achieve a person centred, person led plan to promote recovery, autonomy, choice and prevent isolation and foster independence.

The Trust will consider the development of a drop-in service to provide reassurance and support to service users throughout the transition.

The Trust will work to minimise any negative impact on these service users and allay any concerns they may have about the proposed changes.

7.3 Good Relations

As regards the Trust's statutory duty to promote good relations, there is nothing to suggest that this proposal would have any adverse impact in the promotion of good relations. The Trust has a clear, well defined good relations strategy [Healthy Relations for A Healthy Future](#) whereby the corporate commitment to good relations is underlined. The Trust will ensure that all services and all facilities will welcome people regardless of their religious affiliation, political opinion or racial group.

7.4 Human Rights

Belfast Trust is committed to promoting and safeguarding the human rights of people with mental health problems and the ethos that people with mental ill health should live in a fair and just society where their human rights are respected and each individual is able to realise his or her potential to the full. The Trust believes that this proposal will help promote people with mental ill health in regard to their right to autonomy and their right to participate in essential economic, social, cultural and recreational activities of the community. By removing the focus on centre based activities, the Trust considers that people with mental health would have the potential to experience a lesser degree of segregation and would promote their integration and inclusion in community life. This will remove barriers and promote active citizenship.

The Trust would therefore contend that this proposal would have a positive impact in terms of human rights – particularly in relation to the rights of people with disabilities. Article 19 of the UNCRPD focuses on the “right of persons with disabilities to have an equal right to live in the community, with choices equal to others. As such, there is a need for measures to be taken to facilitate full enjoyment by persons with disabilities of this right and their full inclusion and participation in the community. The proposed spectrum of opportunities is in keeping with the Bamford recommendations and will offer service users choice, flexibility and more autonomy in terms of occupation, education and training opportunities.

7.5 Health and Social Inequalities

Belfast has the highest level of deprivation in Northern Ireland, with some 40% of the most deprived local areas being within Belfast Local Government District. Health

outcomes are markedly poorer in west Belfast and north Belfast than in east Belfast and south Belfast. These differences are largely related to relative levels of deprivation and socio-economic disadvantage, linked to employment status, income and educational attainment. People who are working are at much lower risk of mental illness than those who are either unemployed or long-term sick or disabled, with the proportions assessed as being at high risk being 10-20% for those who working, around 30% for those who are unemployed and 50% for those who are long-term sick or disabled.¹³

Belfast Trust has outlined its overall aim as improving health and well being and reducing inequalities. The Trust acknowledges that health is not the only determining factor in residual inequalities and that there is a need to furthermore address the social determinants of health, for example, employment and education.¹⁴ By fostering the recovery ethos and a move from traditional statutory day services to a day opportunities model, Belfast Trust Mental Health Services believe that people with mental ill health will have much more opportunity to avail of the Recovery College, to attend Further Education Training Programmes, thus enhancing their educational attainment. Ultimately this will further develop their confidence, employability and in so doing, their fuller participation and inclusion in the community.

7.6 Consideration of Mitigation for Staff

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

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

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

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

¹³ <http://www.poverty.org.uk/index.htm>

¹⁴ Not Just Health: http://www.belfasttrust.hscni.net/pdf/Health_Social_Inequalities_strategy.pdf

application and interview preparation if required, and advice and guidance on Human Resource policies and procedures.

7.7 Staff Relocation / Redeployment

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

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

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

7.8 Partnership Approach

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

7.9 Ongoing Monitoring and Review

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

8. Formal consultation, publication and monitoring

Section 6 outlines the extensive engagement and pre-consultation with service users, carers and relatives and staff that helped inform development of the consultation and equality impact assessment papers.

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

Responses to this EQIA can be made using the questionnaire to be found at the end of this document. Before you submit your response, please read information regarding the Freedom of Information Act 2000 and the confidentiality of responses to public consultation exercises at the end of questionnaire.

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

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

Tel: 028 9504 6567

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

Text Phone: 028 90637406

8.1 Formal Consultation

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

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

The closing date for responses is: 26th November 2015

8.2 Publication

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

8.3 Decision of the Public Authority

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

adopted, we take into account any assessment and consultation carried out in relation to the policy.” (Paragraph 3.2.11 refers).

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

8.4 Monitoring

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

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

6.0 How to have your say

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

The closing date for this consultation on 26th November 2015 and we need to receive your completed questionnaire or response on or before that date. You can respond to:

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

E-mail: stakeholdercomms@belfasttrust.hscni.net

Before you submit your response, please read at the end of this questionnaire regarding the Freedom of Information Act 2000 and the confidentiality of responses to public consultation exercises.

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

Name:
Position:
Organisation:
Address:

I am responding:

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

7.0. Consultation Questions

1. Do you agree with the Trust's vision and proposals for Mental Health Day Opportunities?

If you do not agree, please also give your reasons below;

2. Do you accept that, in order to use resources efficiently, the Trust must transfer resources from existing services to the new model?

If you do not agree, please also give your reasons below;

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

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

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

6. Are there any human rights implications the Trust should take into consideration?

Freedom of Information Act (2000) Confidentiality of Consultations

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

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

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

Thank you for your input to this consultation exercise.

Appendix 1: Glossary of Terms

Recovery: Recovery is about building a meaningful and satisfying life, whether or not there are recurring or ongoing symptoms or mental health problems. Key themes in recovery include choice, opportunity and hope

Peer Support: Individuals who have lived experience of mental health issues who can offer an insight and understanding and can draw on their own experience to help others in their recovery

Empowerment: a definition used in mental health with a number of qualities including: decision making power, access to information and resources, having a range of options from which to make choices, assertiveness, hopefulness, learning to see things differently, learning new skills and growth and change

Active citizenship: getting people involved in their local communities

Co-production: the development and delivery of public services in an equal and reciprocal relationship between professionals, people using services, their families and carers

Action Mental Health New Horizons: Action Mental Health's vision is "A society which actively values and promotes good mental health." AMH supports the recovery of people with mental ill health through the provision of person-centred training and employment services; builds resilience in the community through the provision of mental health awareness and emotional resilience training and the provision of targeted self-harm and suicide prevention services; and raises awareness of mental health and tackles stigma through lobbying and campaigns.

AMH New Horizons – Belfast supports the recovery of people with mental ill-health through the delivery of a range of person-centred accredited and non-accredited personal development, vocational skills and employability programmes. Individuals receive specialist support to assist them through these training options, building their capacity and, where appropriate, readiness to avail of further education and employment opportunities. Specialist employment staff will support participants to engage in work based training placements and voluntary work in addition to providing career guidance, and job search towards paid employment. The Individual Placement and Support (IPS) service is delivered in partnership with BHSCT. This supported employment model provides tailored one-to-one support for individuals who wish to move directly to job search.

Northern Ireland Association for Mental Health (NIAMH) Aspen and Bracken: NIAMH have two Day Support schemes in Belfast, Aspen at 16 Finaghy Road South which takes referrals from south and West Belfast and Bracken based at Skainos in East Belfast taking referrals from East and North Belfast. Aspen has a contract with the Belfast Trust to provide 32 places per session and Bracken provides 30 places per session. NIAMH have been providing day support services in Belfast for over 40 years in what was previously known as Beacon Centres.

It is our aim to provide the highest possible standard of support to Service Users by actively promoting and implementing Recovery by using a strengths based person centred approach. We provide a modern service which enables service users to take control and achieve independence in their lives through an individual support plan.

Aspen and Bracken offer a range of accredited and non-accredited courses both in schemes and in community facilities, both schemes have a prospectus which has been designed with Service Users to meet their needs. A social aspect is also available for those service users who require a less structured approach.

We very much work in partnership with our service users, we encourage peer support, user led sessions and involve service users in all aspects of the service

Mindwise: MindWise Belfast Resource Centre is a recovery and wellbeing service. Community mental health workers support our service users to live independently and self manage. The service user is at the centre of our care and is encouraged to participate in active involvement of the centre. Alongside structured activities service users are encouraged to lead and develop programmes and projects supported by volunteers and mental health workers. MindWise recognises the value of therapeutic and creative programmes in addition to providing access to information about educational and training opportunities. This encompasses the whole person approach with individuals taking responsibility for their own goals through the MindWise support plan and review process.

MindWise are the bridge between services and participation in daily life and resources in the community.

Examples of how we aim to do this are

- Volunteering opportunities
- Photography group
- Art classes
- Walking Group
- Music class
- Women's Group
- Men's discussion group
- Outreach activity
- Referral and signposting to specialist support in the community
- User led activity
- Partnership working with other voluntary sector health promotion services
- 1-1 emotional support
- Informal drop-in
- Carers support for individuals who currently use the service.
- Peer support

Appendix 2

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

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

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

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

Mental Health Regional Commissioning Priorities for 2014/2015 and 2015/2016 include:

- All Trusts should deliver Recovery Approaches and the Regional Mental Health Care Pathway (TYC Recommendations 56 & 57 and Bamford Action Plan 2012-15).
(Page 106)

