



Southern Health  
and Social Care Trust

# Equality Impact Assessment and Consultation Document

**Traffic Management Strategy  
At  
Southern Health & Social Care Trust**

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## **1.0 Introduction**

### **1.1 Section 75 Northern Ireland Act 1998**

The Southern Health and Social Care Trust (the Trust) is committed to fulfilling its statutory equality duties set out in Section 75 of the Northern Ireland Act 1998 (the Act). The Act has placed the following statutory requirement on the Trust, as a public authority:

(1) A public authority shall in carrying out its functions relating to Northern Ireland have due regard to the need to promote equality of opportunity:

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

(2) Without prejudice to its obligation under subsection (1), a public authority shall in carrying out its functions relating to Northern Ireland have regard to the desirability of promoting good relationships between persons of different religious belief, political opinion or racial group.

The Trust's Equality Scheme sets out the Trust's management arrangements for ensuring its statutory equality duties, as described above, are implemented effectively and on time. The Trust's Scheme was approved by the Equality Commission for NI (ECNI) in June 2001.

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 interpreted so far as is possible in a way which is compatible with the Convention rights and makes it unlawful for a public body to act incompatibly with the Convention rights.

The Trust will ensure that respect for human rights is at the core of its day to day work and is reflected as an integral part of its decision making process.

### **Decision by the Trust**

In compliance with the legislation and in the interest of equality of opportunity and good relations, the Trust in making any final decision

with respect to this proposal shall take into account the equality impact assessment and the outcome of any consultation carried out in relation to this proposal.

## **1.2 Policy Context**

A regional review of Car Parking was undertaken by the Department of Health, Social Services and Public Safety (DHSSPS) under instruction from Minister Mr Michael McGimpsey MLA. The final report entitled “DHSSPS Regional Review of Health and Social Care Car Parking” was issued in March 2008.

The Review states that the decision to apply car parking charging and the level of charging to be applied should be an operational matter for each Trust. The Review recognised that allowing Trusts to set workable charging levels would discourage inappropriate parking and protect access to car parking for patients, visitors and staff.

In the context of the review the Trust is authorised to cover the cost of providing safe, accessible car parking provision by charging for car parking. The Trust is proposing a charging regime which will cover these costs and ensure funding is not diverted from front line services and care to patients and clients.

The Trust is committed to provide safe, accessible car parking for patients, visitors and staff using Trust facilities. The Trust has developed a Traffic Management Strategy to improve the current car parking facilities, which sets out the context and rationale for the introduction of charging for car parking at Trust facilities where there are major accessibility and/or security issues. The Trust recognises that the provision of safe, accessible car parking is not enough in itself and accepts that it has a further obligation to manage such provision and take active steps to prevent abuse of such provision by others. (*Disability Discrimination Act refers.*)

## **1.3 Policy Aims**

The Trust’s Traffic Management Strategy is aimed at:

- Providing safe, secure and suitably accessible car parking for patients, visitors and staff using Trust facilities.
- Providing a range of car parking provision, free and fee-paying, depending on the needs and choice of users.

- Introducing a charging regime to cover the costs and ongoing management of car park provision, ensuring that the Trust's resources are targeted to patient and client care.
- Minimising congestion and improving the free flow of traffic on Trust sites including emergency vehicles, and those using Trust services.
- Ensuring that the Trust provides appropriate, adequate and easily accessible parking for disabled badge holders, patients, visitors and staff. Being able to get parked is a key part of accessing services for many disabled people.

The purpose of this paper is to assess the equality impact of the Trust's proposed charging regime for car parking and the proposed exemption criteria. The details of the Trust's proposed charges are set out in Table 1 overleaf. The Trust is proposing to apply the regionally agreed exemption criteria, which cater for the most appropriate circumstances, and details on these exemptions are set out in Table 5. The Trust is consulting on the impact of this charging policy and the mitigating actions planned by the Trust. In particular we welcome views from consultees on the following issues:-

Do the proposed charges have a disproportionate impact on any of the Section 75 categories?

Does the application of the regionally agreed exemption policy cater for the most appropriate circumstances? See Table 5.

In compliance with its Equality Scheme the Trust will take into account the outcome of the consultation carried out in relation to this strategy.

## 1.4 Consultation Process and Time Frame

The Trust wishes to consult as widely as possible on this EQIA. With this objective in mind, the Trust proposes to consult with all interested persons over a 12 week period from Monday, 15 December 2008 until Friday, 6<sup>th</sup> March 2009. In doing so, it will conform with the guiding principles governing consultation contained in section 6 of its Equality Scheme and the Commission's Guide to the Statutory Duties.

All enquiries regarding this consultation process should be directed to:

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The outcome of the consultation will be brought to the Trust Board for decisions at its meeting on Thursday 26 March 2009.

The Trust's Equality Scheme and a copy of this consultation document can be made available on request, in an alternative format or in languages for those who are not fluent in English, by contacting the above named person.

## **2.0 Option Appraisal**

### **2.1 List of Options considered under the Traffic Management Strategy**

The Trust has considered a range of options in relation to the implementation of car park charging.

#### *OPTION 1*

To introduce total traffic management and associated car parking charges on all Trust sites:

- a. for patients, clients, visitors and staff, OR
- b. For patients, clients and visitors only

#### *OPTION 2*

To introduce partial traffic management arrangements on all Trust sites, providing a choice of free and fee-paying car parking facilities. Charging to be applied to:

- a. Patients, clients, visitors and staff, OR
- b. Patients, clients and visitors only

#### *OPTION 3*

To introduce partial traffic management arrangements on Trust sites, providing a choice of free and fee-paying car parking facilities, only where there are particular issues and problems with accessibility and security. Charging to be applied to:

- a. Patients, clients, visitors and staff, OR
- b. Patients, clients and visitors only

### **2.2 The Preferred Option**

In order to mitigate the impact of charging for car parking provision, the Trust has decided to implement Option 3b, namely the introduction of a combination of free and fee-paying car parking on sites where there are difficulties with congestion, security and accessibility. This will ensure that staff are not required to pay for car parking and also providing patients, clients and visitors with the option to park in alternative areas on the site if they choose not to pay for their car parking.

The proposed charges for car parking and the proposal to adopt the Regional Exemption Policy and criteria are set out in Section 4.2 and 6.1 respectively.

The introduction of this strategy will be phased over the next three years, and the first site to be implemented will be Craigavon Area Hospital, due to the particular challenges of traffic management on this site which have led to obstruction of roads and footpaths etc. These difficulties are due in part to the increased range of services now provided by Craigavon Area Hospital, which were previously only accessible by Southern Board residents from hospitals in Belfast, and include cardiac catheterisation and trauma and orthopaedics. For further detail of the car parks available on the Craigavon hospital site and those where charges will be levied see Appendix 3.

### **3.0 Equality Impact Assessment**

In considering the equality implications of this proposal the Trust has adhered to the practical advice issued by the Equality Commission for Northern Ireland in April 2001.

### **4.0 Consideration of Available Data and Research**

In keeping with the Equality Commission's Guide to the Statutory Duties and EQIA Guidelines data was drawn from a number of sources and was both quantitative and qualitative in nature. Both types of data were regarded as equally relevant in terms of informing this proposal.

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

The following data sources were relied upon to inform the development of this proposal:

- **Northern Ireland Statistics and Research Agency (NIRSA)**

The NI Census (normally taken every ten years) provides essential statistical information about the population and households for all parts of the country. The most recent results available are from the 2001 Census returns.

- **Position Paper on Car Parking for Disabled People and Older People at Health Service Buildings in NI – jointly produced by the Inclusive Mobility and Transport Advisory Committee (IMTAC) and Disability Action Regional Access Committee**

IMTAC is a committee of disabled people and older people as well as others including key transport professionals. Their role is to advise

Government and others in NI on issues that affect the mobility of older people and disabled people.

- **Guidance on Health and Social Care Hospital Car Parking Provision and Management – June 2008**

This document contains Regional Exemption Policy for Car Park Charges and provides for free car parking across NI for very ill patients and their families. The exemption criteria are detailed in Table 5: HSC Eligibility Matrix for Free Car Parking.

- **Baywatch Campaign (NI) – Providing Accessible Parking – A Good Practice Guide**

The Baywatch Campaign has been set up with the objective of ending abuse of car parking for disabled persons. The Campaign was set up in Great Britain by the Mobilise Organisation (Formerly the Disabled Drivers Association and the Disabled Drivers Motor Club) as well as other disability organisations. Mobilise was at the forefront of bringing Baywatch to NI working alongside Imtac and organisations such as Disability Action and Shopmobility NI.

- **National Transport Strategy for NI 2002-2012**

The National Transport Strategy for Northern Ireland expects that all government and public sector organisations, including HSC Trusts, to lead by example and demonstrate commitment to the National Strategy by producing Healthy Transport Plans. HSC Trusts are required to identify targets for reducing environmental pollutions from transport in partnership with relevant stakeholders. Trust Transport Action Plans should address issues such as car sharing, cycling, public transport and car park management for patients, staff and the general public (DHSSPS Fleet and Transport Management Controls Assurance Standards).

The management of car parking at HSC hospitals is therefore an integral part of wider travel planning requirements, including Trust environmental responsibilities.

- **DHSSPS Regional Review of Health & Social Care Car Parking Final Report (March 2008)**

Car park charges at acute hospital sites across NI – comparative data – see Table 1.

## 4.2 Local Data Sources

- **Traffic Management Survey**

A Traffic Management Survey has been carried out at Craigavon Area Hospital. This identified that when people visited hospital, 35% stayed between 0-1 hours and a further 50% stayed 1-2 hours, therefore using this data to inform that 85% of attendees will be charged between £0.50 and £1.00.

- **Car park charges at acute hospital sites across the Province**

The Trust has carefully examined the charging structure to be introduced for car parking, in line with its commitment to fairness, equality of treatment and respect for patients, clients and visitors. The charging rates have been compared with those in place for hospitals across Northern Ireland (see Table 1). The proposed charges for the Southern Trust are less than most hospital sites and have been set at lower levels for 1-2 hour period as a car parking survey carried out on the Craigavon Area Hospital site (see previous section) revealed this was the most common length of stay for patients and visitors.

**TABLE 1: Car Park charges at acute hospital sites across NI as at June 2008 and proposed charges by SHSCT**

	Ulster	BCH	Mater	RGH	Altnagelvin	SHSCT (Proposed)
Charge Bands	£	£	£	£	£	£
Up to 1 hour	0.80	1.00	1.00	1.00	0.50	0.50
1-2 hours	1.50	1.50	1.00	1.00	1.00	1.00
2-3 hours	1.50	2.00	1.00	1.00	1.50	1.50
3-4 hours	1.50	2.50	1.00	1.00	2.00	1.50
4-5 hours	1.50	4.50	1.00	1.80	4.00	“
5-6 hours	1.50	7.50	1.00	1.80	6.00	“
4-6 hours	2.50	7.50	1.00	“	“	2.50
Over 6 hrs	2.50	10.00		3.60	“	“
6-8 hours	3.50	“			8.00	3.50
8-24 hours	4.50	“			10.00	4.50
Lost Ticket	6.00					6.00

Source: DHSS&PS Regional Review of Health & Social Care car parking final report (Final Report March 2008)

### 4.3 Population Profile

**Table 2: Southern Area Population – Census 2001 by Section 75 Groups**

SECTION 75 GROUP	SOUTHERN AREA POPULATION (TOTAL POPULATION 311,119)
<b>Gender</b>	Female 50.47% Male 49.53%
<b>Age</b>	0 -15 25.32%    16-24 12.31%    25-44 29.07%    45-64 21.03%    65-84 11.09%    85+ 1.19%
<b>Religion</b>	Protestant 42.25%    Roman Catholic 56.16%    Not Known 1.59%
<b>Political Opinion</b>	Not collected
<b>Marital Status</b>	Single 31.99%    Married 57.23%    Not Known 10.78%
<b>Dependent Status (based on 109,414 households)</b>	Households with dependent children 39.75%
<b>Disability (based on 109,414 households)</b>	Household with one or more persons with a limiting long term illness 43.65%
<b>Ethnicity</b>	Black African – 0.01%    Irish Traveller – 0.20% Bangladeshi – 0.01%    Pakistani – 0.05% Black Caribbean – 0.01%    Mixed Ethnic Group– 0.14% Chinese – 0.15%    White – 99.32% Indian – 0.05%    Not Known – 0.05% Other Black – 0.02%
<b>Sexual Orientation</b>	Estimated 10% of population is LGB equates to estimated 168,527 of the NI population i.e. possibly one in 10 in terms of clientele/service user– data source Rainbow Project July 2008

**Table 3: Population Profile by Age (Mid Year Population Estimates for 2006)**

AGE BAND	Local District Government Area					Total SHSCT Population
	Armagh	Dungannon	Craigavon	Banbridge	Newry & Mourne	
<b>0-4</b>	4 000 (7.1%)	3 800 (7.3%)	5 900 (6.8%)	3 200 (7.0%)	7 200 (7.7%)	23 900 (7.1%)
<b>5-19</b>	12 900 (22.8%)	11 700 (22.4%)	18 700 (21.5%)	9 400 (20.6%)	21 900 (23.4%)	74 700 (22.3%)
<b>20-64</b>	32 200 (56.9%)	30 400 (58.2%)	51 100 (58.7%)	27 400 (59.9%)	53 200 (56.9%)	194 300 (58.0%)
<b>65-74</b>	4 200 (7.4%)	3 500 (6.7%)	6 300 (7.2%)	3 100 (6.8%)	6 300 (6.7%)	23 500 (7.0%)
<b>75-84</b>	2 600 (4.6%)	2 200 (4.2%)	3 800 (4.4%)	1 900 (4.2%)	3 800 (4.1%)	14 400 (4.3%)
<b>85+</b>	700 (1.2%)	600 (1.1%)	1 200 (1.4%)	700 (1.5%)	1 000 (1.1%)	4 200 (1.3%)
<b>All Ages</b>	<b>56 800</b>	<b>52 300</b>	<b>86 800</b>	<b>45 500</b>	<b>93 400</b>	<b>334 800</b>

Source: NISRA (Southern Health and Social Services Board – Mid Year Population Estimates for 1991, 2001 & 2006)

\* The above MYE figures are rounded to the nearest 100 and therefore totals may not agree to sum of components.

\* There may be some level of inaccuracy in the above data given groups such as migrant workers (and others) who may not be reflected within the census.

The above table shows that the age breakdown is broadly similar across all 5 local District Government areas in terms of population percentage.

The following table shows population projections for the SHSCT. These projections are based on the 2002 mid-year population estimate.

**Table 4: Population Projections for SHSCT (2007–2017)**

Projected Population – SHSCT							
	2007	2009	2011	2013	2015	2017	2007-2017
<b>0-4</b>	22 200 (6.8%)	22 200 (6.7%)	22 500 (6.7%)	22 800 (6.7%)	23 100 (6.7%)	23 500 (6.7%)	+1 300 (+5.9%)
<b>5-19</b>	72 600 (22.2%)	71 300 (21.5%)	70 000 (20.8%)	69 000 (20.2%)	68 500 (19.8%)	68 300 (19.4%)	-4 300 (-5.9%)
<b>20-64</b>	190 100 (58%)	193 600 (58.3%)	197 100 (58.5%)	199 400 (58.4%)	201 600 (58.2%)	203 900 (58%)	+13 800 (+7.3%)
<b>65-74</b>	23 900 (7.3%)	25 200 (7.6%)	26 600 (7.9%)	28 200 (8.3%)	29 800 (8.6%)	31 000 (8.8%)	+7 100 (+29.7%)
<b>75-84</b>	14 400 (4.4%)	15 000 (4.5%)	15 600 (4.6%)	16 500 (4.8%)	17 300 (5.0%)	18 100 (5.2%)	+3 700 (+25.7%)
<b>85+</b>	4 500 (1.4%)	4 900 (1.5%)	5 300 (1.6%)	5 700 (1.7%)	6 100 (1.8%)	6 500 (1.9%)	+2 000 (+44.4%)
<b>All Ages</b>	<b>327 600</b>	<b>332 200</b>	<b>336 900</b>	<b>341 600</b>	<b>346 400</b>	<b>351 300</b>	<b>+23 700 (+7.23%)</b>

Source: NISRA (Southern Health and Social Services Board Mid Year Population Estimates for 1991, 2001 & 2006)

\*These figures have been rounded to the nearest 100 and so totals may not add to the sum of the columns.

The table indicates that the SHSCT population is expected to increase by 7.23% by 2017 (an increase of 23,700 people).

The over 65 population is projected to increase from 42,800 to 55,600, indicating a growth of 29.9% over a 10 year period. Most significant is that the population aged 85 and over is growing most quickly with an anticipated 44.4% growth by 2017 (an increase of 6,500 people).

Accessing health and social care services can be a challenge for those who live in rural areas of NI; live in isolated or deprived urban communities on the outskirts of our town and cities; have limited mobility through age or disability; or are on low incomes and have no access to a car.

Disabled people make up a significant proportion of the population of Northern Ireland. Research shows that over 20% of the population of Northern Ireland has a disability. (Source: the Baywatch Campaign (NI)).

Just over one quarter (26%) of households in NI do not have access to a car (NISRA 2003-2005) with 53% of households in Belfast, 79% and 77% in East and West NI having access to a car. Adequate Public Transport links to health and social care services are therefore important for non car users and are seen increasingly as a more acceptable environmental alternative to growing car usage. The high car access rates in the East and West of the province indicates the rural context when considering adequate public transport services.

Over the same period in NI as a whole, over 74% of households had access to a car which is a significantly higher percentage in comparison with Scotland which had a figure of 27%. It could indicate that the continued growth in car ownership in NI results in the prime mode of transport to our hospitals being cars with a consequential increase in capacity and congestion problems.

Added to this trend is the forecast rise from 88% to 91% of all road traffic movements by 2015 (Belfast Metropolitan Transport Plan). Data from the Roads Services Vehicle Kilometre of Travel Survey in NI indicates that there has been a road-based traffic growth of around 2.8% per annum in the region since 1991. The Belfast Metropolitan Transport Plan also notes that the increase in car dependence and deteriorating public transport serves to reduce accessibility for those without access to a car and thereby reduces social inclusion and widens the division in society.

The National Transport Strategy for NI expects that all government public sector organisations, including HSC Trusts, to lead by example and demonstrate commitment to the National Strategy by producing Healthy Transport Plans. The DHSSPS Fleet and Transport Management Controls Assurance Standard require HSC organisations to provide evidence of compliance with such policies.

HSC Trusts are required to identify targets for reducing environmental pollution from transport in partnership with relevant stakeholders. Trust Transport Action Plans should address issues such as car sharing, cycling, public transport and car park management for patients, staff and the general public.

This proposal is aimed at improving traffic management by the introduction of a charging regime on sites with traffic challenges in the Southern Health and Social Care Trust, commencing with the Craigavon Hospital site resulting in the following consequential benefits:

- ❑ Minimising congestion on hospital sites.
- ❑ Improving availability of accessible car parking.
- ❑ Improving the free flow of traffic including emergency vehicles, buses and delivery vehicles.
- ❑ Maintaining and improving car parking security and management to the level that users expect by utilising revenue generated.

The Southern Health and Social Care Trust have backed a scheme designed to encourage staff out of their cars on to their bikes, promoting a healthier lifestyle and helping reduce congestion and pollution.

#### **4.4 HSC Staff – Acute Hospital Sites**

There are no plans to introduce car park charges for staff on acute hospital sites.

#### **4.5 Additional Data Sources**

Please refer to the Trust's overarching Equality Impact Assessment which was conducted as a Strategic Response to the Comprehensive Spending Review 2009-2011 - a copy of which can be downloaded from the Trust's website <http://www.southerntrust.hscni.net>

## 5.0 Consideration of Impacts

### 5.1 Assessment of Impact in relation to Section 75 Groups – Population Profile

The Trust has assessed the impact of its traffic management policy in relation to the Section 75 equality categories i.e.:

- 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 dependents and persons without.

This proposal is likely to impact on older persons, persons with a disability, women including single mothers with dependents and therefore the Trust has given consideration to mitigating measures – see Section 6.

This is because:

- Households including older people, disabled people and single mothers tend to have lower than average incomes. While younger households are more likely to experience poverty, there would also appear to be particular issues with regard to older people, who tend to have lower incomes, are more benefit dependent and spend more on necessities than the rest of the population. In 2004/05, 52.8% of pensioner household weekly expenditure was on necessities (*Ref: Expenditure and Food Survey, NISRA*).
- Accessing health and social care services can be a challenge for those who live in rural areas of NI; live in isolated or deprived urban communities on the outskirts of town cities; have limited mobility through age or disability; and have no access to a car.
- Alternatives such as public transport or taxis may not be available or be a viable option because they are physically inaccessible or unaffordable.
- For many disabled people and older people only the car gives mobility.

These facts are borne out in the following related research:

Disabled people face particular difficulties when accessing public and social services such as transport, housing and financial services. The 2001 Census found that those who reported a limiting long-term illness, 33% had no cars or vans in their household. As mentioned earlier many are benefit dependent.

Incapacity Benefit was introduced on 13 April 1995 and is paid to people who are incapable of work and who have paid sufficient contributions throughout their working life. At May 2007 total claimants were 111,978, total recipients were 67,527 and total long-term recipients were 61,276.

Disability Living Allowance (DLA) was introduced on April 1<sup>st</sup> 1992 and is a benefit for people who have become disabled before the age of 65 and who need assistance with personal care or mobility. At May 2007 total recipients were 172,967. Those receiving the Mobility component only were 9%, those receiving the Care component only were 14.2% and those receiving both the Care and Mobility component were 76.7%.

Overwhelming evidence shows that women are at greater risk of experiencing poverty, multiple deprivation and exclusion. *Poverty and Social Exclusion in Northern Ireland, Democratic Dialogue, October 2003*). Life expectancy is higher for women than men. In 2003-05 life expectancy was 80.8 years for women and 76.0 years for men in non-deprived wards (ref: *Health and Social Care Inequalities Monitoring System: First Update Bulletin 2004, DHSSPS*). Life expectancy for those in deprived wards was somewhat lower, at 77.9 years for women and 72.0 years for men.

Households caring for children or dependant adults have higher poverty rates and are at greater risk of multiple deprivations than those without dependants. In 2004/05, 24% of couples with children were at risk of poverty compared to 18% of couples with no children (Ref: *Households below Average Income, DSD*). Single parent households, which are more likely to be female, experience an elevated risk of poverty and exclusion compared to other groups, 49% in 2004/05.

It is therefore likely this proposal will impact more on single parents with dependants. However, there is no evidence to suggest it will have an adverse impact on persons without dependants. Within the Southern Trust there were 39.75% of households with dependent children – 2001 Census refers. Of note, the Baywatch Campaign (NI) (who actively campaign for accessible parking) supports the growing trend amongst service providers to provide wider designated parking

for parents with young children. However, they point out in doing so it is important that the design of other bays does not restrict access for disabled people.

Location can be highly relevant, as older people living in remote areas or on disadvantaged housing estates have difficulty accessing the sorts of opportunities that most people in society can often take for granted. This is a particular issue for pensioners in rural areas who are significantly more likely to be in poverty than those in urban areas.

As evidenced above, the introduction of a traffic management strategy which incorporates a charging policy is likely to have an adverse impact if due regard is not paid to the position of older persons, persons with a disability and women including single mothers with dependents. The Trust therefore welcomes consultees' views on the proposed charging regime and its potential impact on the Section 75 equality categories.

The Trust notes the views of Imtac:

*Similar concessions available to disabled people and older people around other schemes that charge for car usage are usually based on possession of a Blue Badge, exemption from Vehicle Excise Duty or receipt of the Higher Rate Mobility Component of the DLA. Hospitals, should give consideration to providing a concession for car parking to anyone who meets these criteria and that this should be an addition to any other concessionary criteria already identified by the hospital.*

- *The Trust therefore welcomes consultees' views* - Does the application of the regionally agreed exemption policy cater for the most appropriate circumstances? (See Table 5).

NB: Analysis of the population profile for the Southern Trust revealed that, based on a survey of 109,414 households, 43.65% had one or more persons with a limiting long term illness – 2001 Census refers. The Northern Ireland Survey of Activity Limitation and Disability (2006/07) reports that 18% of the population in Northern Ireland are limited in their daily activities for reasons associated with a disability or long-term condition.

The Trust is mindful of the demographic trends and in particular notes that the population aged 85 and over is growing most quickly with an anticipated 44.4% growth in the Trust's area by 2017 (an increase of 6,500 between 2007 and 2017). There is recognition that the over 75

and 85 population will continue to need more care than younger age groups. Tables 3 and 4 on pages 13 and 14 of this EQIA show the Population Profile by Age (Mid Year Population Estimates for 2006) and Population Projections for SHSCT (2007-2017) respectively. There is a clear correlation between disability and old age.

## **6.0 Consideration of Measures to Mitigate any Adverse Impact / Alternative Policies**

### **6.1 Services Users**

The Southern Trust is committed to securing improvements in traffic management on its acute hospital sites commencing with Craigavon Area Hospital.

The Trust is committed to provide safe, accessible car parking for patients, visitors and staff using Trust facilities. The Trust has developed a Traffic Management Strategy to improve the current car parking facilities, which sets out the context and rationale for the introduction of charging for car parking at Trust facilities where there are major accessibility and/or security issues.

The Trust is mindful of the potential for adverse affects on older people, disabled people and women including single mothers with dependants in that they tend to have lower than average incomes.

The Trust plans to put in place the following mitigating measures to reduce any adverse affects:

#### **(I) Trust proposes to adopt the Regional Exemption Policy**

The Trust has taken into consideration that there is a requirement for flexibility when setting charges for car parking on hospital sites for patients, visitors and their carers. The Trust recognises the importance of being aware of the services provided on site and individual patient-life circumstances will always be taken into account.

In May 2008 the Health Minister announced free car parking across NI hospitals for very ill patients and their families. Guidance on HSC Hospital Car Parking Provision and Management provides a matrix for application of Free Car Parking for very ill patients and their families. The Trust will adopt HSC Eligibility matrix (Table 5).

**Table 5: HSC Eligibility Matrix for Free Car Parking**

Care Path	Application of Free Car Parking			
	Patient	Next of Kin/Partner	Relative	Visitor
<b>Radiotherapy Chemotherapy</b>	Yes	Yes if transporting patient	Yes if transporting patient	N/A
<b>Renal dialysis</b>	Yes	As above	As above	N/A
<b>Critical Care/ High Dependency</b>	N/A	Yes	Discretionary	Discretionary
<b>Parents/guardians of children who need to spend long periods of time in the hospital</b>	N/A	Yes if legal guardian	Yes if legal guardian	N/A

Source: Health Estates DHSS&PS Guidance on HSC Hospital Car Parking Provision and Management June 2008

As part of this EQIA we are seeking your views on defining all other exemptions/concession arrangements pertaining to patients/visitors.

### **(II) Proposed charging policy**

The Trust proposes to align its charging policy with Altnagelvin Hospital in the West as identified via the comparison analysis.

### **(III) Provision of additional Car Parking Spaces for disabled persons**

A further 12 disabled spaces have been created in Car Park 1 Craigavon Hospital bringing the total disabled spaces on this site to 77 and a proposed 100 spaces identified for the future expansion of Trauma and Orthopaedic Services on the Craigavon Area Hospital site are planned.

### **(IV) Adopt best practice guidelines c/r The Baywatch Campaign (NI) – Providing Accessible Parking – A Good practice Guide**

Many of the car parks on the Craigavon Hospital site exceed the percentage of disabled spaces as recommended in the Baywatch documentation.

## **(v) Work in Partnership**

The Trust plans to work in partnership with a range of user representatives, for example from the disability sector, Age Concern, etc., in the implementation of the Trust's Traffic Management Strategy to avoid the potential for any future adverse impact by adopting good practice (i.e. by ensuring stops and pay stations are close to the main entrance, that walking distances do not exceed 50m as this poses a barrier for some older people and disabled people etc). In so doing the Trust will take into account the Health Estates Guidance on HSC Hospital Care Parking Provision and Management (June 2008) along with The Baywatch Campaign (NI) Providing Accessible Parking – A Good Practice Guide.

## **7.0 Formal Consultation**

The process and timetable for consultation are set out in Section 1.4 on page 6 of this document.

## **8.0 Publication**

The outcomes of this EQIA will be published in the press and results will also be posted on the Trust's website.

## **9.0 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 this proposal 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 NI.

If the monitoring and analysis of results over a two-year period show that the impact of this proposal 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.

## **Appendix 1**

# **EQIA and Consultation Questionnaire**



Southern Health  
and Social Care Trust

# Equality Impact Assessment & Consultation Questionnaire

## **Traffic Management Strategy**

The aim of this consultation is to obtain views from stakeholders in Northern Ireland and the Trust would be most grateful if you would respond by completing this questionnaire. Please answer each question by writing (preferably typed) your comments in the spaces provided. The closing date for this consultation is **6<sup>th</sup> March 2009** and we need to receive your completed questionnaire on or before that date. You can respond to the consultation document by e-mail, letter or fax as follows:

Mrs Lynda Gordon, Head of Equality Assurance Unit  
The Bungalow, Lurgan Hospital Site, 100 Sloan Street, Lurgan  
Co. Armagh, BT66 8NX

Tel: 028 3831 6691 Fax: 028 3831 6675 Textphone: 028 3839 4738  
E-mail: [lynda.gordon@southerntrust.hscni.net](mailto:lynda.gordon@southerntrust.hscni.net)

Before you submit your response, please read Appendix 2 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)*

**The Trust is seeking your views on whether the proposed charges have a disproportionate impact on any of the S75 Categories.**

**The Trust is seeking your views on the criteria for Free Car Parking as identified in Table 5, i.e. whether there are additional exemptions or concessions to consider.**

**Can you identify any other potential adverse impacts, beyond those already identified, with supporting evidence which might occur as a result of this proposal being implemented?**

**Can you identify any additional relevant evidence or information which the Trust should have considered in assessing the equality impacts of this proposal?**

**Can you suggest any other mitigating measures to eliminate or minimise any potential adverse impact?**

**The Trust is seeking your views on the human rights implications of the proposal and any issues you think relevant.**

## **General Comments**

**THANK YOU FOR YOUR INPUT TO THIS CONSULTATION EXERCISE**

## **Appendix 2**

# **FREEDOM OF INFORMATION ACT 2000 – CONFIDENTIALITY OF CONSULTATIONS**

## APPENDIX 2

### FREEDOM OF INFORMATION ACT 2000 – CONFIDENTIALITY OF CONSULTATIONS

The Trust will publish a summary of responses following completion of the consultation process. Your response, and all other responses to the consultation, may be disclosed on request. The Trust can only refuse to disclose information in exceptional 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.

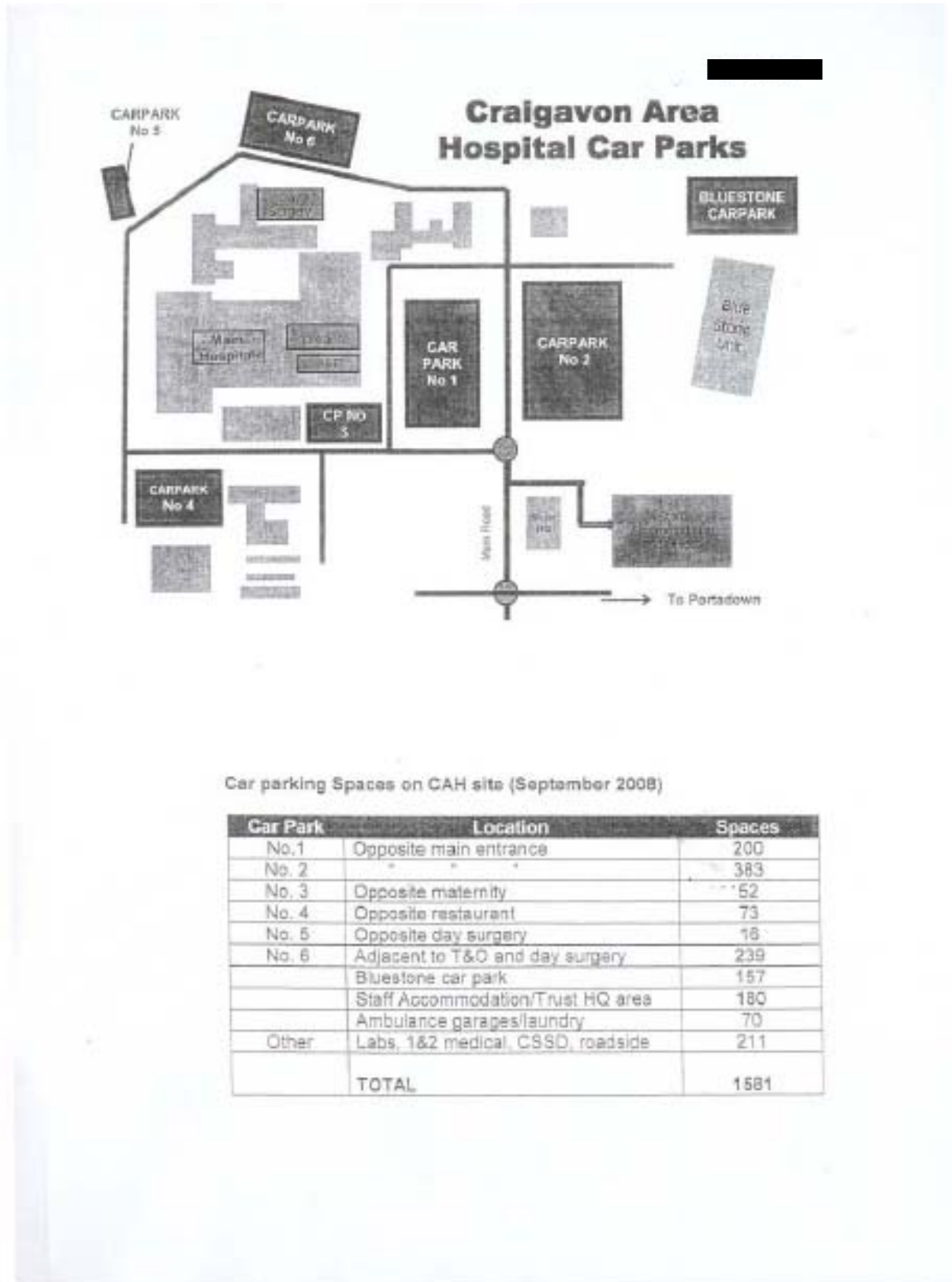
The Freedom of Information Act gives the public a right of access to any information held by a public authority, namely, the Trust in this case. This right of access to information includes information provided in response to a consultation. The Trust cannot automatically consider as confidential information supplied to it in response to a consultation. However, it does 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 be treated as confidential. This means that information provided by you in response to the consultation is unlikely to be treated as confidential, except in very particular circumstances. The Lord Chancellor's Code of Practice on the Freedom of Information Act provides that:

- the Trust should only accept information from third parties in confidence if it is necessary to obtain that information in connection with the exercise of any of the Trust's functions and it would not otherwise be provided;
- the Trust should not agree to hold information received from third parties "in confidence" which is not confidential in nature; and
- acceptance by the Trust of confidentiality provisions must be for good reasons, capable of being justified to the Information Commissioner.

For further information about confidentiality of responses please contact the Information Commissioner's Office (or see web site at: <http://www.informationcommissioner.gov.uk/>).

## **Appendix 3**

# **Craigavon Area Hospital Site Map**



Car parking Spaces on CAH site (September 2008)

Car Park	Location	Spaces
No.1	Opposite main entrance	200
No. 2		383
No. 3	Opposite maternity	52
No. 4	Opposite restaurant	73
No. 5	Opposite day surgery	18
No. 6	Adjacent to T&O and day surgery	239
	Bluestone car park	157
	Staff Accommodation/Trust HQ area	180
	Ambulance garages/laundry	70
Other	Labs, 1&2 medical, CSSD, roadside	211
	<b>TOTAL</b>	<b>1581</b>