

Independence, Dignity and Respect

STRATEGIC DIRECTION FOR CARE OF OLDER PEOPLE

SERVICE CHANGES PROPOSED FOR

STATUTORY RESIDENTIAL CARE

AND

NON ACUTE HOSPITAL CARE

Section 1: Strategic Direction for Care of Older People

The Southern Health and Social Care Trust (the Trust) is publicly consulting on its 5 Year Strategic Plan 'Changing for the Better'. The consultation document can be accessed on www.southerntrust.hscni.net click on 'Just Published'.

This document sets out a clear strategic direction for the care of older people in the Southern area, and the priorities which will shape our development of care and services. These priorities are:

- Promoting and protecting older people's **health and wellbeing**, and supporting them to maintain their independence.
- Improving **quality of life**, recognising the valuable contribution that older people make to society, and building the capacity in communities and individuals to live as full a life as possible.
- Providing **accessible services**, more timely, more responsive and, where possible, provided locally.
- Taking a '**Person-Centred**' approach to care, providing older people with choice, self-determination and control in their care and support.
- Enabling **independence** through early intervention, a focus on rehabilitation and recovery, and supporting older people to live an independent, fulfilling lifestyle.
- **Supporting carers**, recognising their contribution and providing them with the help they need to continue in their caring role.
- Working in **partnership** with other organisations to improve the outcomes for older people and their families.

This strategic direction has been shaped and informed by the views of older people living within the Southern area. The Trust has engaged with over 200 older people, some of whom are tenants of sheltered housing accommodation, to learn from their experiences and gain insight into the provision of accommodation options for older people. These views have contributed towards the rationale for developing and commissioning future models of care.

The focus groups discussed older people's issues about current and future housing and care needs. A questionnaire was designed to facilitate, enable and promote discussion, to explore quality of life

issues, preferences and expectations of participants in regards to both current and future housing and care choices. The outcome of the focus group exercise indicated that older people's expectations in regards to their future care needs included: -

- To live independently
- To maintain control over their lives
- Remain healthy, fit and active for as long as possible
- Participate in community activities
- Live in their own home near family and friends
- Enjoy a good quality life
- Receive help and support to meet their needs to ensure that they are enabled to maintain independent living
- Having choice
- Their own front door
- To be safe and secure
- Enabling older people to maintain their capital asset by 'owning their own home'
- To have the right support at the right time which is flexible to meet changing needs and circumstances.

These priorities reflect national and regional strategy¹ for the care of older people and the findings set out by the Housing Executive in its "Older People Housing Policy Review Action Plan 2008-2010". These have shaped recent developments in care and services for older people. Over £3 million has been invested in developing the range of capacity in Community Services for older people since 2006, and includes:

- The development of intermediate care services to ensure older people are supported to return home for rehabilitation to maintain their independence following an admission to hospital.
- Increased support to enable older people to continue to live in their current home.
- An increase in alternative and more suitable housing options with a range of community support services when older people are no longer able to live in their own home.

¹ DHSSPSNI 'Caring for People Beyond Tomorrow' June 2004, SHSSB Strategic Vision for Services for Older People 2002-2007.

- Community based services to meet specific needs, including community stroke rehabilitation teams, community dementia services, rapid response teams, telecare, case management for people with chronic diseases and palliative care.

The success of this investment and the continuing focus on supporting older people to remain independent has impacted on two specific areas of our service: -

- Residential Care for Older People
- Non-Acute Hospital Care for Older People.

The proposed service changes for residential care for older people are set out in Section 3 of this document and in Section 4 for non-acute hospital care.

Section 2: Consultation Process and Timescale

The Trust wishes to consult as widely as possible on the service changes set out in this consultation document and associated EQIA. The Trust proposes to consult with all interested persons over a 12 week period from Monday, 15 December 2008 until Friday, 6th 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 and responses to this consultation document 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 and associated EQIA 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.

Section 3: Future Need for Residential Care for Older People and Proposal for Service Change

3.1 Assessment of Need

Table 1 below identifies the trend in the numbers of people in long-term residential care (independent sector and statutory) under care management over the past 5 years.

Table 1: Numbers of People Care Managed within the Statutory and Independent Sectors

| Locality | Mar 04 | Mar 05 | Mar 06 | Mar 07 | Mar 08 | Oct 08 |
|------------------|------------|------------|------------|------------|------------|------------|
| AD | 131 | 109 | 108 | 118 | 113 | 118 |
| CB | 172 | 167 | 172 | 170 | 160 | 146 |
| NM | 61 | 64 | 61 | 54 | 59 | 46 |
| Tot Stat | 120 | 120 | 123 | 117 | 112 | 91 |
| Total IS | 244 | 220 | 218 | 225 | 220 | 219 |
| Total All | 364 | 340 | 341 | 342 | 332 | 310 |

Source: SHSSB Care Management Returns

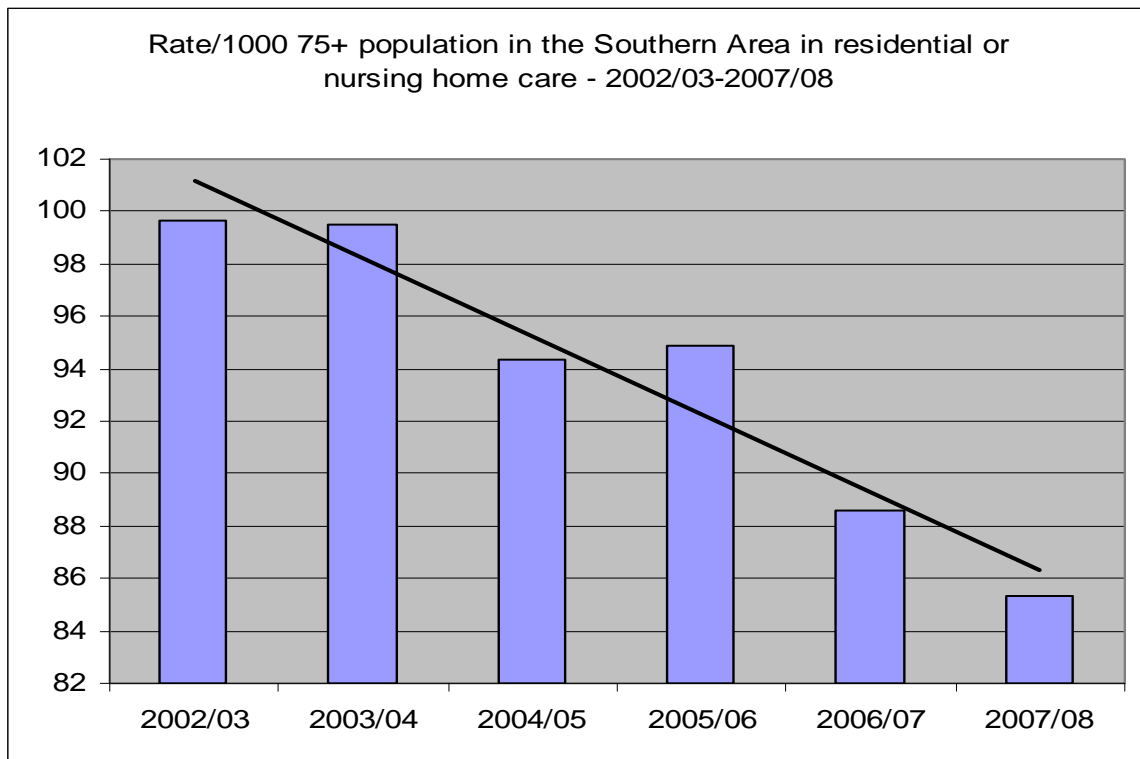
Older people want, as much as possible, to remain in their own home with a range of domiciliary support services rather than long term care in residential and nursing homes. In 2007/08, 72.2% of older people known to the services were supported to live independently in their own homes. At March 2008, the Trust was providing domiciliary care services to support over 4,100 older people across the Southern Trust area to live independently in their own home, including almost 900 people with very complex needs.

The Trust's Intermediate Care Services have also played an important role in supporting older people to maintain their independence, providing rehabilitation and support to enable people to return to their own home and live independently following an episode in hospital. Over the past year, the Intermediate Care Teams across the Trust have supported 1,174 people on discharge from hospital to return to their own home.

Since 2002/03, there has been a decrease in the rate of use of nursing and residential homes in the Southern area, from 99.7/1000

of the 75+ population in 2002/03 to 85.3/1000 in 2007/08. This trend is shown in the graph below. In practice this means that a greater number of older people are having their support needs provided in their own home. This trend of reduced need for long term residential and nursing home care is a direct result of increased investment in community services, offering higher levels of care to support older people to remain in their own homes.

Figure 1: Rate of Use of Residential and Nursing Homes



The rates above have been calculated using the number of permanent residents in nursing and residential homes at the end of each year and the NISRA mid year estimates of the 75+ population from the previous year e.g. 2002/03 rate calculated using the 2002 MYE and the number of permanent residents in nursing and residential homes at the end of March 2003.

While the Trust does not hold information on the number of vacant places in the independent sector, the number of vacant places in the statutory sector has been seen to increase over the last number of years. This is reflected in Figure 2.2.1. There are no waiting lists for places in residential care.

A number of alternatives to residential care continue to be developed. For example, there are already a number of sheltered housing schemes providing 'own front door' accommodation for older people across the Trust area. This includes 40 Supported People/Sheltered Housing schemes (providing over 900 places):

- 6 located in the Armagh area
- 6 located in the Dungannon area
- 10 located in the Newry area (including 3 in Newry town, 3 in the South Armagh and 4 in the South Down areas)
- 11 located in the Craigavon area
- 7 located in the Banbridge area

The information obtained from a mapping exercise examining the current capacity of sheltered accommodation schemes throughout the Trust area indicated that at 1st November 2007 there were: -

- 921 self-contained units of sheltered accommodation for older people; and
- 13 voids in the overall provision of sheltered accommodation across the Trust area (this included 10 in the Craigavon and Banbridge locality and 3 in the Armagh and Dungannon locality).

Research was commissioned by the Housing Executive to analyse the need and demand for retirement villages in their various forms. The summary report issued in June 2008 identifies that older people live primarily in the owner occupied sector (75%); a further 18% live in social rented housing and the remainder (7%) live in the private rented (and others) sectors. The research acknowledges the need for more housing and care options for older people and that one strand of this is the option of including the concept of retirement villages in the Housing Strategy for Older People in Northern Ireland.

In line with the Trust's strategy for providing alternatives to residential or nursing home care, the first supported housing development for older people with dementia in the Trust area was opened during 2007/08. This scheme, which was developed in partnership with the Trust, Fold Housing Association and the Northern Ireland Housing Executive, provides a specifically designed and purpose-built living

environment which helps older people to maintain their independence.

Given the past and anticipated future trends in the need for residential care as a form of care for older people, the Trust has undertaken a review of its statutory residential homes for older people.

3.2 Review of Statutory Residential Care for Older People

Service Profile

The Trust currently has five statutory residential homes for the care of older people. These homes provide 138 permanent residential places, 8 intermediate care places and 13 respite care places. These homes and their residential provision are detailed in Table 2 below:

Table 2: Statutory Residential Care Home Places

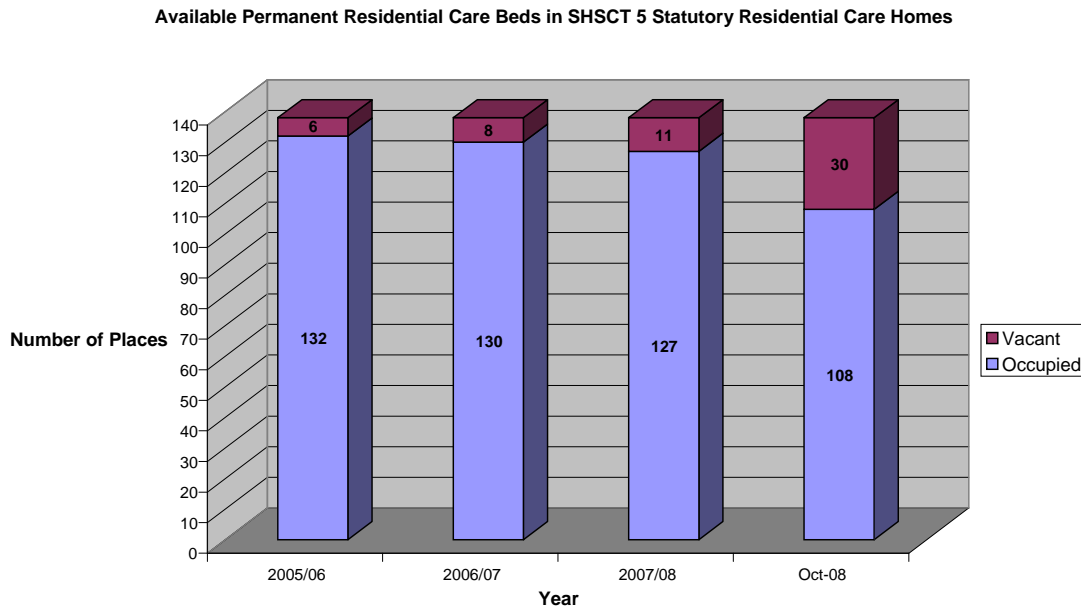
| | Residential Places | Intermediate Care Places | Respite Places | Total No of Places |
|------------------|---------------------------|---------------------------------|-----------------------|---------------------------|
| Cloughreagh | 28 | - | 3 | 31 |
| Slieve Roe House | 20 | 1 | 2 | 23 |
| Roxborough | 32 | 3 | 1 | 36 |
| Crozier House | 28 | 4 | 3 | 35 |
| Skeagh House | 30 | - | 4 | 34 |
| TOTAL | 138 | 8 | 13 | 159 |

The total investment in the 138 permanent residential places provided in these homes is £2.9 million per year.

Occupancy Levels

The current need for permanent residential care beds provided in the Trust's five residential homes is demonstrated in the graph overleaf.

Figure 2: Occupancy Levels across Statutory Residential Care Homes



The above chart shows that occupancy levels across the five homes has fallen year on year since 2005/06 to October 2008. There was an overall decrease from 95.4% (132 people) in 2005/06 to 78.2% (108 people) in October 2008.

Permanent Admissions

Admission trends for the five homes show that the numbers of admissions have also fallen during 2008/09. The total numbers of permanent admissions between 2005/06 and 2008/09 was as follows:

- 2005/06 - 49 admissions
- 2006/07 - 36 admissions
- 2007/08 - 42 admissions
- 2008/09 - 26 admissions (this has been projected based on 15 admissions during the 7 month period of April to October 2008)

The admission rates to independent residential care in the Trust area has shown a decrease since September 2006 to date, so there is no transfer of demand between the two sectors. This provides further evidence of the reduction in demand for this form of care.

Dependency

The care needs of 107 residents in our statutory residential homes at 14th October 2008² has been assessed as part of the Trust's review process, using the CAPE³ assessment tool. This assessment evaluates care needs under five categories: -

| | |
|------------|--|
| Category A | Minimum dependency |
| Category B | Early stage dementia with slightly deteriorating physical health. |
| Category C | Early to moderate stages of dementia |
| Category D | End stage dementia and deteriorating physical health requiring high level of care. |
| Category E | Highly dependent, requiring high levels of personal care |

As a rule, people assessed as Category A or B can be supported to live independently in their own homes or in supported housing. People assessed as Category C, D or E normally require higher levels of personal care. The care needs of the current residents in the five residential homes managed by the Trust are: -

Table 3: CAPE Survey Scores of Residents at 14th October 2008

| Category | Number of residents in each Category | | | | | Total number of Residents in each home |
|-------------------|--------------------------------------|------------|------------|------------|-----------|--|
| | A | B | C | D | E | |
| Skeagh House | 3 | 6 | 5 | 5 | 1 | 20 |
| Slieve Roe House | 3 | 3 | 0 | 4 | 3 | 13 |
| Crozier House | 4 | 12 | 2 | 5 | 1 | 24 |
| Roxborough House | 4 | 22 | 2 | 1 | 1 | 30 |
| Cloughreagh House | 11 | 0 | 4 | 4 | 1 | 20 |
| Total | 25 | 43 | 13 | 19 | 7 | 107 |
| Total by % | 23% | 40% | 12% | 18% | 7% | 100% |

² This number differs from Table 2 which shows 108 residents/as this data shows the position at the end of October 2008

³ Clifton Assessment Procedure for the Elderly (CAPE score)

The above analysis indicates that 63% of residents (those falling into Category A and B) in our statutory residential homes could be supported in their own homes or in supported living arrangements. 37% of residents have more complex needs which would indicate the need for higher levels of personal care and the possible progression of some residents with more complex needs to nursing home care to meet these needs.

Other Services provided in Statutory Residential Homes

Each of the five homes provides a range of other services. These are tabled below: -

Table 4: Other services provided by Statutory Residential Care Homes 2008/09

| | Number of Intermediate Care Beds | Number of Respite Care Beds | Number of Registered Day Care Places |
|--------------------|---|------------------------------------|---|
| Cloughreagh | 0 | 3 | 70 |
| Skeagh | 0 | 4 | 48 |
| Crozier | 4 | 3 | 24 |
| Slieve Roe | 1 | 2 | 0 |
| Roxborough | 3 | 1 | 35 |
| TOTAL | 8 | 13 | 177 |

The Trust's proposals are only for a reduction in residential care. The day care and respite services provided for older people from the homes affected by these proposals would be re-provided in the local area.

Proposed Future Provision of Statutory Residential Care

The DHSSPSNI Audit of Statutory Residential Homes for Older People (March 2007) raised value for money issues about the continuing provision of statutory residential care and indicated that current provision is not offering value for money when compared with independent sector provision. This report further recognises that

supported housing options and domiciliary care services provide robust alternatives to residential care placement.

Given the impact of the ongoing developments in community support, intermediate care and alternative housing options set out in the early sections of this document, the Trust is proposing to reduce the number of statutory residential care places it provides.

The care needs of the current residents and trends in demand for statutory residential care would indicate that the need for permanent residential places in statutory residential homes could reduce to 90 or less within the next two years (based on a reduction of 24 residents in just over two years, with a reduction from an average of 132 beds being used during 2005/06 to 108 beds in October 2008). Given this predicted level of demand, and the need to ensure that each home is viable, the Trust is proposing to reduce the number of homes from five to three within the next two years. This will complement the 300 places currently available in independent residential section across the Trust's area.

Proposed Future Configuration of Statutory Residential Care

Given the assessed future need for three statutory residential care homes, the Trust has undertaken a detailed assessment to identify the three most suitable home to provide this service model and the two homes which should close by end of March 2010. The quality of care in each of the five homes is of an equal and high standard, therefore this has not been used as an assessment criterion.

Each home was assessed against the following criteria and weightings were agreed for each criteria to reflect their relative importance in relation to the future care of older people: -

- **Quality of Physical Environment**

It is recognised that for many older people the place where they live is the centre of their everyday life. Research has evidenced that the home and the quality of its physical environment have an important influence on independence and quality of life of older people.

- **Strategic Fit**
 Strategy places emphasis on the importance of remodeling services to a provision of care which is person-centred and whereby older people can be maintained and empowered to live in their own homes and communities giving them control and independence within their own lives.
- **Assessment of Demand**
 Occupancy levels were used as a measure to assess demand for residential care within each of the five homes.
- **Alternative Accommodation Options in Local Area**
 It was acknowledged that there would be a reduced impact from home closure in circumstances where there are alternative accommodation options in the local area. This involved an analysis of the numbers of places available in both independent sector residential care and nursing care and in sheltered housing per head of the population over 75.
- **Need for Future Investment to maintain Health and Safety and other Estates Standards**
 The current estates condition and future major works was reviewed to identify those homes which may be less sustainable in the future.
- **Accessibility and Location**
 In order to reduce any impact on the local population resulting from home closure consideration was given to the proximity between statutory residential care homes.
- **Impact on Other Services**
 In considering the impact of home closure on other services there was recognition of the numbers of respite care beds, intermediate care beds and registered day care places provided within each of the five homes.

- **Revenue Consequences**

It is important that the Trust ensures value for money within service provision. Both budget and unit costs were taken into account within this analysis.

Each of the five statutory residential care homes in the Southern Trust area was considered as an option for closure. A summary of the relative total weighted scores of each option for each of the benefit criteria has been provided below: -

| | Cloughreagh | Skeagh | Crozier | Slieve Roe | Roxborough |
|--|--------------------|---------------|----------------|-------------------|-------------------|
| Quality of Physical Environment | 360 | 330 | 190 | 320 | 300 |
| Strategic fit | 125 | 125 | 125 | 125 | 125 |
| Assessment of demand | 450 | 300 | 750 | 300 | 600 |
| Alternative accommodation options in the local area | 400 | 260 | 260 | 400 | 260 |
| Need for future investment to maintain health and safety and other estates standards | 170 | 200 | 140 | 200 | 200 |
| Accessibility and location | 300 | 100 | 100 | 400 | 500 |
| Impact on other services | 130 | 160 | 210 | 30 | 140 |
| Revenue consequences | 300 | 150 | 250 | 50 | 300 |
| TOTAL | 2235 | 1625 | 2025 | 1825 | 2425 |
| RANK | 2 | 5 | 3 | 4 | 1 |

This analysis would indicate that the three homes most appropriate to retain are Crozier, Cloughreagh and Roxborough House, and that Skeagh and Slieve Roe should be proposed for closure.

Proposals for Service Change

Based on the evaluation of options against the above criteria the preferred option was determined as: -

**To consult on the proposal to close Skeagh House
(Craigavon & Banbridge locality) and Slieve Roe House
(Newry & Mourne locality).**

The proposed closure of Skeagh House and Slieve Roe House would mean that one statutory residential care home would remain within each of the Southern Trust's three locality areas of Armagh and Dungannon, Newry and Mourne and Craigavon and Banbridge. These homes provide a good geographical spread across the Trust area.

Proposed Timetable for Implementation

Following consultation, should a decision be made to close Skeagh House and Slieve Roe House the Trust would cease any new admissions to permanent residential care into these homes during 2009/10 with the subsequent closure of the two homes, resettlement of residents and redeployment of staff by end of March 2010.

Proposals for Alternative Use or Disposal of Facilities

The Trust has no immediate plans for the disposal of the Skeagh and Slieve Roe sites. If these sites were to be disposed of, the Trust will need to identify accommodation in the local area for alternative provision for day care, respite care, intermediate care and other services.

Commitment to Advocacy

The Trust will adhere to all best practice recommendations for advocacy so as to support both residents and their carers/families during the consultation period and beyond.

3.3 Equality Impact Assessment - Summary

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) and has conducted an Equality Impact Assessment (EQIA) on this proposal in line with the Equality Commission's guidelines. The Trust is also committed to the safeguarding and promotion of human rights in all aspect of its work, in particular Article 8 of the European Convention on Human Rights. The Trust fully accepts its obligation to take appropriate steps to mitigate any adverse impact on current residents.

The full EQIA can be provided on request by contacting the Trust as detailed in Section 2, and the document is also available on the Trust's website www.southerntrust.hscni.net.

A summary of the main findings of the EQIA are as follows:-

Potential Section 75 Issues for Current Residents

Residents of the existing five statutory residential homes comprised 61.7% Protestant and 36.4% Roman Catholic (1.9% other). Following the proposed closures, the breakdown of the remaining three homes would be 58.1% Protestant and 41.9% Roman Catholic (0% other), a religious balance which more closely approximates the population breakdown for older people within the Trust area as a whole. Hence, the closure of two homes would help to redress an existing imbalance in the provision between the two communities, which at present has a higher representation of Protestant older people as residents in existing homes.

The Trust is of the view that there is no adverse impact with regards to the remaining Section 75 categories i.e. gender, disability, age and marital status, as these characteristics are reflective of the make up of the existing residents and the population profile for those aged over 65 years.

It is the view of the Trust that the impending closures have to be balanced against the greater opportunities that will be provided as a result of the development of alternative accommodation options for the residents of Skeagh House and Slieve Roe House and older people generally. The remaining homes are located so as to provide good geographical spread across the Trust.

The proposed closure of Skeagh and Slieve Roe would mean that one statutory residential care home would remain within each of the Southern Trust's three locality areas of Armagh and Dungannon, Newry and Mourne and Craigavon and Banbridge.

Potential Section 75 Issues for Current Staff

The Trust recognises that the proposed closure of Skeagh House and Slieve Roe House may have the potential to impact on the Trust's current staff profile on grounds of religion and by proxy political opinion, given the high proportion of Protestant workers in the two homes (84.5%). The small number of staff employed in the two homes, relative to the Trust's workforce as a whole, means that the overall profile of the Trust's workforce will continue to mirror the population of the Trust area, but the profile of staff continuing to work in residential elderly homes following the proposed closures will more closely approximate the religious breakdown of Trust staff and in turn, the Trust area population.

Section 4: Future Need for Non-Acute Hospital Care for Older People and Proposals for Service Change

4.1 Assessment of Need

Service Profile

Hospital care for older people (Geriatric Medicine) is provided from all of the five hospitals within the Southern Trust. Acute geriatric and general hospital care for older people is provided in Daisy Hill (DHH) and Craigavon Area Hospitals (CAH) and non-acute (rehabilitation) care is provided in three non-acute hospital sites (Mullinure, South Tyrone and Lurgan Hospitals).

The current provision of non-acute hospital care for older people is: -

- Mullinure Hospital 36 beds
- Lurgan Hospital 64 beds
- South Tyrone Hospital 35 beds

A range of factors have affected the need for non-acute hospital care for older people in the Southern area. These are:

- A reduction in delayed discharges from hospital through the investment in intermediate care services which support older people to return home with rehabilitation and support following a hospital discharge. The trends in reduction of delayed discharges are illustrated in Figure 4 on page 22..
- The development of domiciliary care and specialist teams to case manage older people with chronic conditions in order to prevent unnecessary admissions to hospital.
- During the period 2002 to 2008, and in line with the Southern Board's Strategy for Older People⁴, all the hospitals in the Southern area have ceased to provide respite and long term care. These services are now provided in community settings closer to the patient's home.
- The development of a range of integrated community services, including carer support and respite options.

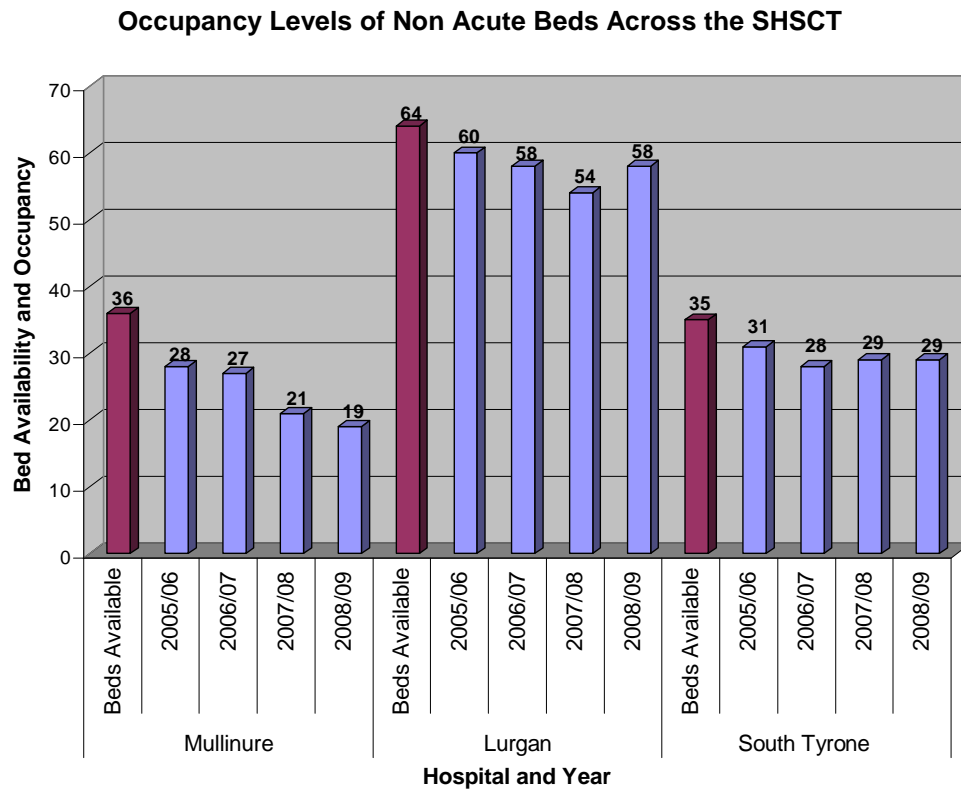
⁴ SHSSB Strategic Vision for Services for Older People 2002-2007.

The impact of these service developments has been a reduced demand for non-acute hospital care, demonstrated in the following section which details occupancy levels and average bed usage.

Occupancy Levels

The chart below outlines the average occupancy levels based on the average per year for all non-acute beds across the Southern Trust.

Figure 3: Occupancy Levels for Non Acute Care Hospitals

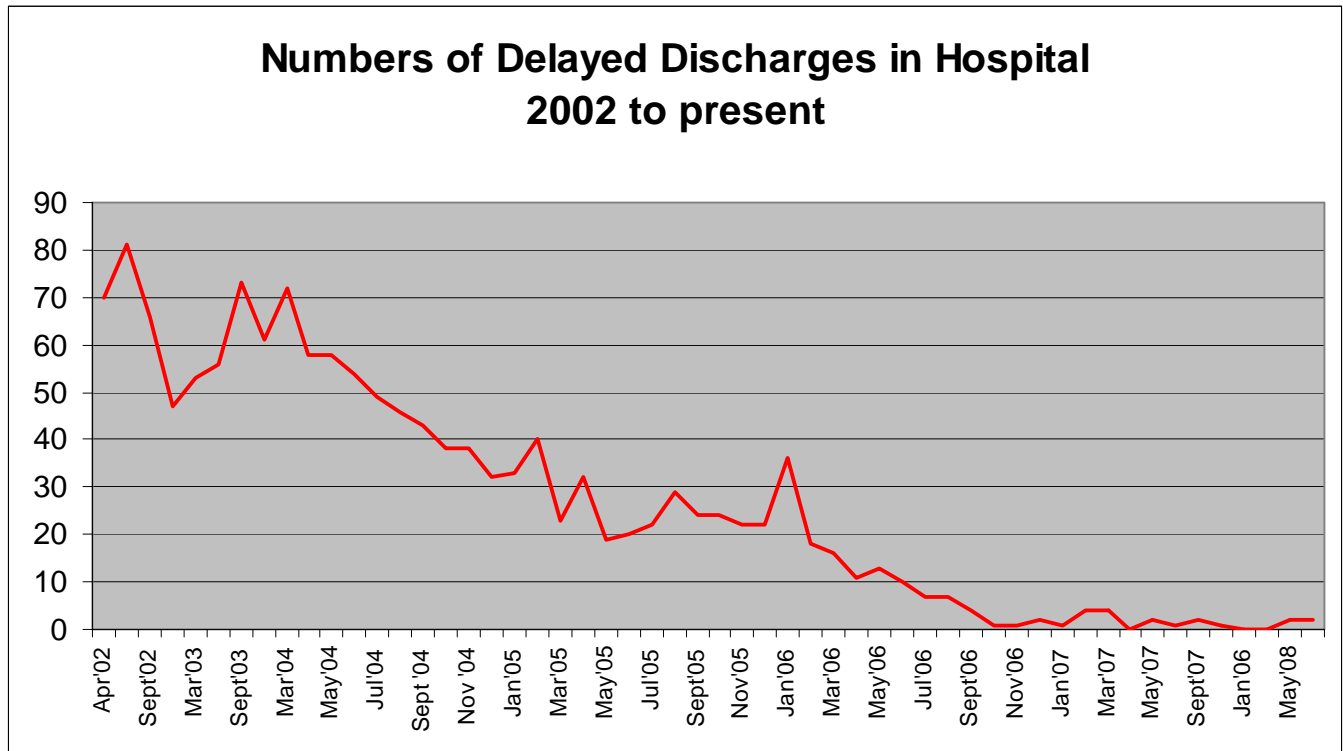


*2008/09 activity has been based on the first 6 months of the year up to Sept 08.

The number of delayed discharges in the Southern Trust area has significantly reduced which has led to an overall increase in bed capacity within local hospitals. The above table demonstrates that none of the sites are operating at full capacity.

Trends in Delayed Discharges

Figure 4: Trends in Delayed discharges in SHSCT Hospitals



Future Provision of Non-Acute Hospital Care for Older People

Between 2002/03 and 2007/08 there is evidence of increased throughput, reduced length of stay and falling occupancy levels in Lurgan, Mullinure and South Tyrone Hospital. This has resulted in a surplus of non-acute hospital beds within the Trust.

The length of stay in non-acute hospital sites decreased by 50% between 2002 and 2007 from 59.9 days to 28.4 days; a further reduction in length of stay from 28.4 days to a target of 16 days in the next 2-3 years has been set by the Southern Board in recognition of the continuing impact and development of community-based services for older people.

Co-morbidity (more than one health problem) is common in older people. When older people become unwell there is a need for early multidisciplinary assessment (including laboratory and radiological investigations) and treatment. This type of service will be developed

locally for older patients across the Southern Area and will provide, in many cases, an alternative to hospital admission. Funding has been provided for this type of service in Lurgan Hospital and existing Day Hospitals (Mullinure and South Tyrone Hospitals) will be re-designed in the next 2-3 years to provide this early assessment and investigation service.

The Southern Board has indicated its intention to continue to invest in community services to ensure older people can continue to live independently in the community. These community services will include Intermediate Care, Community Stroke Teams, Community Dementia services, Rapid Response Teams, Telecare, Supported Housing, Case Management and Palliative Care.

Proposed Future Provision of Non-Acute Hospital Care for Older People

Based on activity trends for non-acute hospital care since 2002, as detailed earlier in this section, the Trust's main commissioner has set a target length of stay of 16 days, with an expectation that bed occupancy should be 80%. Taking account of an expected increase in activity levels per year until 2012-2013, this equates to a non-acute bed requirement of 94 beds over the next 2-3 years compared to current bed numbers of 135 beds (a reduction of 41 beds).

Taking into account the ongoing reduction in demand for non-acute hospital beds the Trust is proposing to provide these 94 hospital beds across two hospital sites.

Proposed Future Configuration of Non-Acute Hospital Care

Given the assessed future need for two hospital sites providing non-acute care for older people, the Trust has undertaken a detailed assessment to consider the most appropriate location of this care.

A range of options have been considered and assessed against the following criteria and weightings were agreed for each criteria to reflect their relative importance in relation to the future care of older people: -

- **Quality of Care**

Each option was assessed in terms of operational viability, particularly the provision of appropriate medical cover in the future, ability to meet infection prevention and control measures and access to diagnostic services.

- **Accessibility**

In order to reduce any impact on the local population resulting from the reconfiguration of non-acute hospital beds consideration was given to the proximity of future services in terms of location, links to public transport and travelling time for the local population, including staff, patients and their families.

- **Quality of Environment**

In considering the perceived contribution of the quality of environment to the achievement of better health and social wellbeing, the current estates condition and care environment of each of the non-acute hospital sites was reviewed.

- **Ease of implementation**

The capacity of each non-acute hospital site was considered in determining ability to meet future demand and resource limitations, service requirements and time factors were taken into account.

- **Economic viability**

It is important that the Trust ensures value for money in providing the level and standard of care required.

A summary of the relative weighted score of each option for each of the benefit criteria has been provided below: -

| | | Option 1: Location of Non-Acute Hospital Beds on 1 site - Lurgan | | Option 2a: Location of Non-Acute Hospital Beds at Lurgan & Mullinure | | Option 2b: Location of Non-Acute Hospital Beds at Lurgan & STH | | Option 2c: Location of Non-Acute Hospital Beds at STH & Mullinure | | Option 3: Location of Non-Acute Hospital Beds on 3 sites – Lurgan, STH & Mullinure | |
|--|----------------------|---|------------|---|------------|---|------------|--|------------|---|------------|
| Benefit Criteria: Proposed options should support | Weighted Score (100) | Score | Weighted | Score | Weighted | Score | Weighted | Score | Weighted | Score | Weighted |
| Quality of Care | 35 | 8 | 280 | 6 | 210 | 8 | 280 | 6 | 210 | 6 | 210 |
| Accessibility | 25 | 4 | 100 | 6 | 150 | 7 | 175 | 4 | 100 | 8 | 200 |
| Quality of Environment | 20 | 5 | 100 | 6 | 120 | 7 | 140 | 6 | 120 | 6 | 120 |
| Ease of implementation | 10 | 4 | 40 | 6 | 60 | 6 | 60 | 5 | 50 | 9 | 90 |
| Economic Viability | 10 | 8 | 80 | 7 | 70 | 7 | 70 | 6 | 60 | 4 | 40 |
| Total | 100 | | 600 | | 610 | | 725 | | 540 | | 660 |
| Rank | | | 4 | | 3 | | 1 | | 5 | | 2 |

Ranked 1st with 725 points was the option to locate non-acute hospital beds at Lurgan and South Tyrone Hospital.

Proposals for Service Change

Based on the evaluation of options against the above criteria the preferred option was determined as: -

To consult on proposals for the future location of non-acute hospital beds on 2 sites at Lurgan and South Tyrone Hospitals and the cessation of this service in Mullinure Hospital

Timetable for Implementation

Following consultation, should a decision be made to relocate non-acute hospital beds on the Lurgan and South Tyrone Hospital sites it would be planned to cease the provision of beds within Mullinure Hospital during the latter part of 2009/2010.

Proposals for Alternative Use or Disposal of Assets

The preferred option associated with the rationalisation of non-acute beds (which is subject to consultation and approval) would enable Mullinure Hospital ward areas to be re-designated for an alternative use / purpose. It would be proposed that inpatient assessment and treatment services for people with dementia, which are currently based on the St Luke's site in Armagh, would transfer to Mullinure Hospital, and that Mullinure would become the area specialist centre for dementia services.

Mullinure Hospital would also be a local centre for specialist services for older people. The Day Hospital services will continue to be provided in Mullinure and it will become the base for the new Rapid Access One Stop Assessment Clinic and the Early Supported Discharge and Stroke Rehabilitation Team for the Armagh population.

4.2 Equality Impact Assessment

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) and has conducted an Equality Impact Assessment on this proposal in line with the Equality Commission's guidelines. The Trust is also committed to the safeguarding and promotion of human rights in all aspect of its work, in particular Article 8 of the European Convention on Human Rights.

The full EQIA can be provided on request by contacting the Trust as detailed in Section 2, and the document is also available on the Trust's website www.southerntrust.hscni.net.

A summary of the main findings of the EQIA are as follows:-

Potential Section 75 Issues for the Resident Population of Armagh and Dungannon

The Trust recognises that the proposed reduction of 18 non-acute hospital beds may have the potential to impact on the resident population of the Armagh and Dungannon area on the basis of age and possibly by association disability.

It is however the Trust's view that this potential adverse impact on current residents has to be balanced against the greater opportunities that will be provided as a result of the development of alternative models of care to ensure that older people have a greater choice in the range of non-acute and community services available to them. This will include enhanced intermediate care, development of community stroke teams and one stop assessment and rapid access clinics across the Armagh & Dungannon area to enable people to be supported and rehabilitated whilst remaining in their own homes. Non-acute hospital services continue to be available for older people in the Trust area.

Potential Section 75 Issues for Current Staff

The Trust recognises that the policy aim and proposed service changes may have the potential to impact on current staff on the grounds of gender and age. The Trust is also mindful of the caring obligations of its female employees.

The Trust commits to the following underpinning principles in the management of changes for affected staff employed in its residential homes and in Mullinure: -

- Change will be taken forward through partnership approaches and in consultation and negotiation with trade unions.
- The principles of fairness, dignity and equity of treatment will be applied in the management of staff issues associated with this organisational change process. Steps will be taken to ensure that the implementation process in no way conflicts with the requirements of existing equality and anti-discrimination legislation. The Trust commits to ensuring that existing arrangements such as reasonable adjustments for individual staff or affirmative action programmes already entered into will be honoured.
- Sound HR processes will be in place and applied so that every possible effort can be made to avoid compulsory redundancies, to keep valuable skills and experience within the Trust and to minimise costs and provide value for money i.e. a balance of workforce controls, suitable alternative employment, early retirements and voluntary redundancies.
- HR processes will be applied with equity, consistency and transparency and will be mindful of the need to move quickly and to ensure that the quality of care delivered to patients is not compromised.
- The employment of staff in affected areas will be protected where possible through the implementation of vacancy controls

and all directorates will work together to identify job opportunities to facilitate redeployment and cross-transfer of staff within the Trust.

- Where relocation or redeployment is required then every effort will be made to ensure staff remain as close as is reasonably possible to their current work base, taking account of work/life balance issues. If appropriate, excess travel expenses will be paid.
- Appropriate training and re-training opportunities will be provided to assist staff who move to new roles and assume new responsibilities.
- Managers, who will be required to be at the forefront of leading change, will be adequately trained, equipped and competent to do so.
- All staff will be kept fully informed and supported during these change processes

In addition to the above, the Trust commits to ensuring that the change implementation process in no way conflicts with the requirements of existing equality and anti-discrimination legislation operating in Northern Ireland. Existing arrangements such as reasonable adjustments for individual staff already entered into will be honoured throughout any process of change implementation.