

SUMMARY REPORT EQUALITY IMPACT ASSESSMENT ON IMPLEMENTATION PLAN TO CLOSE MUCKAMORE ABBEY IN ACCORDANCE WITH SECTION 75 AND SCHEDULE 9 OF THE NORTHERN IRELAND ACT 1998

Stage 6: Decision by a Public Authority and Publication of Report on Results of Equality Impact Assessment

Executive Summary of MAH Final EQIA outcome report

Belfast Health and Social Care Trust issued a draft equality impact assessment for consultation from 30th November 2023 to 30th April 2024 in regard to its implementation of the Department of Health's decision to close MAH. There are seven stages to an Equality Impact Assessment and this outcome report relates to Stage 6 of the EQIA process, to take account of the responses and help inform the Trust's decision making and publish the results of the EQIA. It provides a summary of the responses received and of the feedback provided in the engagement sessions during the consultation period. Additionally, the report details the Trust's response to the views expressed and how it has taken them on board. The Trust is grateful for the time taken by all those who provided their valuable expertise and fully recognises that the subject of Muckamore Abbey Hospital evokes strong emotions and conflicting opinions.

Equality, good relations and human rights not only informed our decision making process, but were an integral element in how we have reworked the proposal on the basis of the feedback. The Trust has met its legislative duties in considering all the evidence provided and by making changes to how it will:

1. Implement the closure

2. Compassionately resettle patients into bespoke accommodation utilising co-production and person-centred care
3. Effectively manage affected staff in their ongoing employment within the Belfast Trust.

The proposed way forward is in direct response to the feedback from many of the ‘experts by experience’ – patients and service users, carers and families, representative organisations, and staff and Trade Unions. The Trust received 77 responses to the consultation and facilitated a series of engagement events over an extended five month consultation period. The Trust has grouped these responses into overarching, recurring themes and addressed them accordingly in the report. The Trust lays out how it will amend the proposed implementation plan and model for people with an intellectual disability to live in the community; while also explaining the monitoring arrangements. The Trust is committed to reviewing this model against the Regional Model for Learning Disability Services, when it is published by the Department of Health. The outcome paper (Stage 6) will be tabled at the Trust Board meeting of Belfast Trust on Thursday 12th June 2024 for its consideration. Publication of this outcome report is subject to the approval of the Trust Board. A summary report and easyread version of the report will also be published.

Section 1.0: Introduction

In accordance with its statutory Section 75 (equality duties), Belfast Trust developed a [draft equality impact assessment](#) on how it would implement the Department of Health’s decision to close Muckamore Abbey Hospital. On the basis of the information available, the Trust issued its assessment on how the implementation would impact on patients, carers and staff in terms of equality, good relations, human

rights and disability and how the Trust would seek to address any potential negative impact. The consultation ran from 30th November 2023 and was initially due to finish on Friday 16th February 2024. A number of carers asked that the Trust extend the consultation to allow further opportunities for engagement and the consultation lasted until the end of April 2024. This report is a summary document of the full outcome report, further to full consideration of all the responses and engagement sessions during the consultation period, along with the Trust's response.

1.1 Responses

The Trust received 77 responses to the consultation and facilitated a series of engagement events over an extended five month period. 46 were provided via Citizenspace, 25 were completed on the easyread template, one was a handwritten response and 5 were emailed.

Responses were provided by interested individuals, current and former patients, families and carers, Trust staff, those affiliated to a local school and staff, as well as from the following organisations:

Association for Real Change (ARCNI), Centre for Independent Living, Commissioner for Older People NI, Equality Commission NI, Lifestart Foundation, Mencap, NI Human Rights Commission, National Autistic Society, NI Practice and Education for Nursing and Midwifery, Positive Futures, and RCN.

1.2 Engagement events

It is important to note that there was previous extensive engagement in 2019 with service users, carers, families and staff on a future service model across the region. During this consultation period, the Trust has

sought to ensure patients, their families and carers, staff and TUs were afforded opportunities to articulate their feelings about what was proposed and to offer feedback and alternatives. The full report details the engagement with service users, carers, families, staff and other stakeholders in 2024. The Trust is committed to ongoing engagement with all those interested in the proposed accommodation and care support for the patients moving out of Muckamore into the community. Trust representatives attended and wrote up notes at each of the engagement sessions and this was added to the responses to ensure that there was consideration of all the written and verbal feedback. The Trust acknowledges that regrettably, there is work to be done to regain the trust of those families and carers, deeply impacted by the safeguarding issues at Muckamore and is committed to building trusted relationships with them.

In accordance with the Trust's Organisational Management of Change Framework, the Intellectual Disability senior leadership team invited Trade Unions, Human Resources and other Trust senior managers to a monthly organisational change meeting. The meetings commenced in November 2023, scheduled for the second Wednesday of each month, and will continue until MAH is closed. The forum has been a platform for discussion about the closure of the hospital, the way in which staff will be redeployed from MAH, as well as ratification of documents like vacancy control or staff frequently asked questions. One-to-one meetings were convened with all affected staff to outline their options in terms of redeployment.

1.3 Thematic approach

The Trust has grouped these responses into overarching, recurring themes and addressed them accordingly in the report.

General comments	New Proposed Model
Need for more engagement and co-production	Funding
Communication and engagement	Impact of resettlement on families and carers
Terminology	New accommodation
Anticipatory principles and unique needs	Monitoring arrangements/Use of Advocates
Feedback on Muckamore	Access to Muckamore swimming pool
Human rights	Future use of site
Demographic considerations	Regional Learning Disability Model
Timeframe	Staff

Section 2.0: Feedback and Trust responses

2.1 General comments Feedback

The Trust received responses, which were diametrically opposing – some in favour and some vehemently against the closure. The majority of the easyread responses believed the closure of the hospital was against their human rights, was unfair and they had had no choice. One response felt as long as people were respected and treated fairly, the process should go smoothly. Another called for specifics in terms of the mitigation required for each individual and their carers.

Trust response

The scope of Belfast Trust's consultation was focussed on how to implement the closure, through resettlement of the patients and management of staff in the best way for all concerned. The Trust is also working to systematically decommission hospital facilities, no longer in use and those that have become vacant. Specific detail on individual patients would be confidential and not published in a public facing document. The Trust would provide assurances that this detail will be in patients' person-centred, co-produced care plans.

2.2 Need for more engagement and co-production Feedback

Some called for more engagement opportunities during the initial consultation period. A number of carers wrote to the Chair of the Trust to ask that the consultation was stood down until there was sufficient opportunities for engagement.

Trust response

There was a programme of engagement in 2019 on requirements for a community-based model of care. The consultation deadline was extended to allow for further engagement and a series of engagement events to take place, from February until April 2024, including facilitated engagement in each of the day centres for their service users and their loved ones. This extension of the consultation period and further engagement events were welcomed. Alongside the consultation, engagement events were held, and the Muckamore Forum was established to bring together staff, service users and carers and is independently chaired. The Trust welcomes the lived experience of patients, service users and carers and staff. Their feedback has helped to share the

proposed way forward and the Trust has welcomed the wealth of expertise that the engagement events have yielded.

2.3 Communication and engagement Feedback

Carers and families felt that they had not been sufficiently communicated with, since the decision to close Muckamore was announced in July 2023 seeking assurances in terms of safeguarding and protection of their loved ones as the new model of care progresses and individuals are placed in their new homes.

Trust response

The Trust is committed to meaningful involvement and engagement in the planning, development and evaluation of Intellectual Disability (ID) Services. The service has offered opportunities for families and patients to be involved in both the Muckamore Forum and the Trust Community Learning Disability Forum (TCLD Forum). At these meetings, updates are provided on service developments and attendees are encouraged to discuss current service provision and identify areas for improvement. The MAH Forum meet regularly on a 4-6 week basis. The TCLD Forum circa every 12 weeks and all families who have expressed an interest in “Involvement” in developing LD services are invited to attend. As well as these Forums, Service users are represented through the Telling It Like It Is group. Through forum discussions, a carers’ resource was developed to provide an overview of the stages to progress closure of the hospital and shared with families in May 2024. In relation to the communication plan for individual of patients, we are not able to share this information as has been previously stated. The Trust has a dedicated resource to address safeguarding concerns under the framework of Adult Safeguarding. There is a process and policy for safeguarding and all commissioned services are contractually obliged to follow these.

2.4 Terminology Feedback

A small number of respondents were critical of the complexity, clarity and length of the document and some queried the rationale for conducting the consultation and if it was merely 'a tick box'. Some queried why this document was "draft". There was mixed commentary on use of terminology with both the terms 'patient' and 'service user' being disapproved in different responses.

Trust response: The detail of the draft document was to accord with the strategic importance and significant impact of the proposed plans on the individuals affected. The Trust aspires for balance between legislative requirements and ensuring information is accessible. The document was also proactively transcribed in easyread.

The document is issued as draft to allow for feedback on the model and the assessment of impact in terms of equality and human rights. This outcome paper includes how the Trust has considered feedback and amended their final paper and service model in response. The Trust is fully committed to the fact that the people living in Muckamore are all human beings with value, and must be treated with dignity and respect. The terms 'patient' and 'service user' are used in the Trust to differentiate people respectively in a hospital setting and those accessing support in the community.

2.5 Anticipatory principles and unique needs Feedback

One organisation approved that the proposed service model was anticipatory, rather than reactive i.e. there will be shared decision-making with the patient, their family and loved ones and the Trust, to ensure services are person-centred and bespoke to their needs and preferences. Some responses highlighted that one solution does not suit everyone's unique needs— some felt these were best addressed in a hospital setting, as opposed to a community or home of their own. One respondent felt that some patients are

unlikely to ever be able to truly be part of a community outside Muckamore. Carers relayed that they thought that the planned future model of accessing mainstream services would be maybe more suitable for those with mild to moderate needs, but anyone with more dependencies would not tolerate this care.

Trust response

The Trust is committed to the fact that each individual has different needs and preferences, and the Trust does, and will continue to work with the patient, their families and carers to ensure that they have a bespoke and responsive care plan to meet their individual circumstances and to support acclimatising to life in the community. The Trust remains committed to the principles of betterment and the right to an equal life and will make reasonable adjustments and supports to help each individual attain their full potential. Each patient will have a comprehensive, MDT assessment, to inform their accommodation needs and personalised support packages, incorporating their wishes and those of their family or carers. Personalised risk assessments will also be completed, and the necessary mitigations will be enacted to ensure a placement is sustainable for the individual. Staff will utilise supportive communication tools to help individuals understand their resettlement process and what life will be like outside the hospital environment. Updates will be provided on daily activity plans and community day centre or day opportunities available. Resettlement is carried out on a carefully co-ordinated, phased approach.

2.6 MAH Feedback

Many respondents praised of the care and expertise offered in Muckamore Abbey Hospital, and there was strong praise for staff. There was a clear differentiation with those staff who had not treated the patients well. One organisation responded that there are well trained and highly skilled staff in Muckamore – but the abuse that regrettably occurred damaged the reputation of this cohort of staff – it called on the Trust to ensure that staff are given new opportunities and training to use their skills in other settings across the Trust. Some felt that resettlement was not appropriate for everyone, and that MAH had all the facilities and expertise necessary to meet the needs of people with a learning disability. It was suggested by one respondent that if a combination of these bespoke facilities, skills and expertise and expanse of outside space did not help to regulate these patients, it would be unlikely that a more disparate and dispersed MDT could achieve this in the community. Concern was expressed regarding potential isolation for people, who have been resettled into the community. Others, conversely, said that resettlement offered the potential to increase levels of independence, dignity, participation, and self-fulfilment and, ultimately, increase their quality of life. Another response said that future plans for would only work if patients and their families are treated with respect and fairness and they are listened to.

Trust response

The Trust welcomes the positive feedback regarding the majority of MAH staff and their skills and compassion for the people they care for in MAH. The Trust will work to ensure that this cohort of staff is retained and transferred into the community to maximise this skillset and to help with continuity and consistency of care.

2.7 Human Rights Feedback

A proportion of the responses were supportive of the proposed implementation plan but stressed the need for a human rights-based approach with each individual person at the heart of their care plan and resettlement.

It was acknowledged that individuals with learning disabilities should no longer be segregated and are able to be integrated and participate in the community. In keeping with both the Bamford and Bengoa Reviews, effective and successful resettlement is necessary and will promote human rights of all involved in the closure of MAH. Some staff concurred in engagement sessions that Muckamore is not a home, and that no hospital should ever be a home. Feedback received urged the Trust to take the right decisions to ensure that human rights are upheld, promoted and not violated and that if there was no effective care pathway in situ, this could impact on these rights.

In addition to the articles contained in the Human Rights Act 1998, responses to the consultation noted that the Trust needed to be cognisant of the United Nation's Convention on the Rights of People with Disabilities notably, Articles 19, 25 and 28 and furthermore, Article 14, which protects the right to liberty and security in its implementation plan— Article 14 states that disabled people should not be deprived of their liberty unlawfully or arbitrarily and that the existence of a disability shall in no case justify a deprivation of liberty.

Those that responded also noted that the resettlement of patients from Muckamore Abbey Hospital into the community will need to be aligned to the rights set out in UNCRPD Article 19, which covers “Living independently and being included in the community”.

Trust response

The Trust is committed to ensuring that each individual's and their family's and carers' rights will be upheld and promoted. The Trust is guided by HSC values of Working Together, Excellence, Openness and Compassion, the Human Rights Act 1998 and UN Convention on the Rights of People with Disabilities, as well as the goal of assisting individuals to participate in mainstream education, employment and leisure, integration in living accommodation and the use of services and facilities across the public sector, specifically health and social care. The Trust will uphold the Equal Live's values in resettling each patient – of Citizenship, Social Inclusion, and Individual Support to help them to be as independent as possible. The Trust wishes to no longer maintain people in a hospital due to a lack of appropriate accommodation and care packages in the community. In accordance with Article 19 of the United Nations Conventions on the Rights of People with Disability, the Trust will strive to ensure that these people will 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. The Trust will work as part of the Health and Social Care system and with the Department of Health and Strategic Planning and Performance Group to ensure that the maximum, available resources are utilised (as required by the Article 4 (2) of the United Nations Declaration on the Rights of Disabled Persons.

The Trust has mandatory equality and human rights training for all staff, which needs to be undertaken every 5 years. The Trust is also working with Northern Trust to develop human rights-based resources for the region and for sharing with Independent Providers focussing on compassionate, person-

centred care for vulnerable people. The Trust is currently scoping the feasibility of staff availing of Oliver Magowan training. This is training on Learning Disability and Autism.

A very small proportion of the remaining patients are in receipt of active assessment or treatment. The Trust will continuously risk assess and monitor the physical, emotional and mental health and well-being of patients throughout transition and resettlement. We will work closely with families and carers and new housing providers to uphold and promote the wellbeing of these individuals. The Trust fully acknowledges the importance of co-production with carers, who ultimately know their loved ones best. The Trust acknowledges the significant and vital contribution that unpaid and family carers make in its communities. The Trust Carer Support Service delivers this work and provides a range of support services. The Trust has worked to share with ARC and the Carer Involvement team to share positive experiences of resettlement from individuals. ARC also produced several short films on transition.

2.8 Demographic considerations Feedback

One respondent provided useful findings from the National Institute for Health and Care Excellence (2018), which stated that “the population of older people with learning disabilities will increase 4 times faster than the overall adult learning disability population” and highlighted that planning and delivering care for older people with learning disabilities is imperative. It found that homes designed for adults with learning disabilities may become unsuitable as the person ages. Another highlighted that the UNCRPD references the rights of older people and directed the Trust to a report⁶ produced by the UN Special Rapporteur on the rights of older disabled people, to help ensure that older patients’ rights are upheld. The Special Rapporteur highlighted human

rights challenges such as institutionalisation and lack of community support, denial of the right to live independently and be included in the community. It also cites the right to age-appropriate accommodation and age-sensitive assistance. Another response said that people with learning disabilities are living older so it staff may additional training in this area. It was advocated that the Trust take a gender-sensitive approach as women with disabilities face a higher risk of violence, exploitation and abuse.

Trust response

The Trust recognises that the number of people with a learning disability and that the complexity of their physical and mental health needs continues to grow in NI. The Trust has submitted a range of different business cases to develop a range of bespoke accommodation facilities to meet the needs of the remaining people in Muckamore. These purpose-built facilities will be developed in response to the multi-disciplinary care assessment and care package of each individual. Care reviews are undertaken by a multi-disciplinary team on a regular basis to make any adjustments required to accommodate changing needs. Risks are factored in to ensure that there is a comprehensive and effective response to any risk of violence, exploitation or abuse. All staff can access Gerontology training and learning and development opportunities within the Trust to help develop skills when working specifically with older patients.

2.9 Timeframe Feedback

A number of people raised concerns about the ambitiousness of the hospital to be closed by June 2024. A number felt that a timeline of a further two – five years would be more realistic to have the required community infrastructure and bespoke community accommodation and support. Carers reiterated the importance of person-centred transition

according to the person's needs and at their pace. There was a call to defer the closure until the requisite facilities and teams were in situ.

Trust response

It was recommended to the public inquiry into abuse at MAH by Dr Flynn, author of '[A Way to Go](#)' that politicians should set a "definite date" for the facility to be closed.

The closure by June 2024 was subject to the successful resettlement of all the patients – not all patients will have been resettled by the end of June and so, there will be a temporary extension to the closure. However, this does not indicate a change in the plan to close the hospital - it is simply an extension of the closure plan. Staff continue to work very hard and in partnership with our patients and their families to ensure each person is safely resettled into their forever home

Cessation of long-term institutional care has been the strategic direction over the last 3 decades. In 1995, the Department of Health published a paper entitled 'The Health of the Nation: A Strategy for People with Learning Disabilities' Similar sentiments are echoed in regional strategies "Equal Lives", The Bamford Review, TYC and The Bengoa Report: Systems, Not Structures The Trust develops business cases to ensure that the community infrastructure, bespoke accommodation and support is in situ.

2.10 New proposed model Feedback

Need for more detail

A number of responses felt that there was insufficient detail on the new model, to allow them to sufficiently comment. It was recommended that

more clarity would be required on what this new world will look like for people with a learning disability. Feedback included that the lack of clarity around the new proposed model had led to strong emotions amongst key stakeholders. It was also suggested that the Trust should keep the hospital open whilst better structures in the community are built.

Greater community and acute capacity

One organisation recommended that consideration is needed for timely short stays within a specialist hospital environment, where staff have the expertise in caring for people with learning disabilities. Another welcomed the emphasis on treatment and recovery at home but emphasised that the right level of support would need to be available through paid and unpaid support networks.

A recurring theme was a need for a specific treatment centre, for people with learning disabilities and that there needs to be specialist commissioned beds for those with mental health needs. Some alluded to the need for MAH type services for crisis management. It was also recommended that the Trust base the future model on the projected number of individuals needing acute care. It was felt by some that the proposed 'wrap-around' (Intensive Treatment Team) team would not have the capability or experience to deal with acute behavioural disturbances, and a dedicated facility was recommended.

Respite

There was concern about access to respite beds and doubt that the one emergency respite bed planned would be sufficient for all the Belfast Trust population. Carers sought more equity in respite provision.

Dedicated inpatient beds

Many of the responses highlighted the need for dedicated inpatient beds for people with learning disabilities when they reached challenging times with

their mental health. It was also expressed that the current Acute Mental Health Inpatient Centre (AMHIC) at the Belfast City Hospital is not appropriate for treating people with learning disabilities, when they were acutely unwell. One response conversely stated what a positive experience it had been for her loved one with a learning disability in AMHIC and how accessible and convenient it was. One person felt that people with a learning disability deserved treatment in a specialist ID Mental Health ward, advising MAH should not close without the provision for this specialist facility.

Intensive Treatment Team

Feedback from a number of people supported the introduction of a 24/7 Intensive Treatment Team, based team who have the capacity to be urgent, prompt and person-centred in response.

Resource Allocation Panel

One reader sought further detail on the purpose and benefits of this panel.

Trauma-informed Practice

Some carers felt that their loved ones are suffering from post-traumatic stress, after the abuse and that staff should be properly training in trauma-informed practice. They also recommended that these patients need access to trauma-informed counselling.

People with autism and a learning disability

It was highlighted that the Trust needs to establish a clear pathway for autistic people with a co-existing learning disability, who are in crisis to meet the needs of this vulnerable cohort of individuals. The same response stated the importance of access to specialist services, instead of mainstream; someone with autism and a learning disability presenting in the Emergency Department in a distressed state constituted a problematic concept. People with sensory challenges attending a busy ED could readily

lead to an aggravation in distressed behaviour, with potential for PSNI involvement and the vulnerable individual criminalised. It was felt that when accessing core services, there should be an area to promote self-regulation. Whilst there is a need for people with ID to access mainstream services, they need additional specialist services – hubs/cafes, crafts/music/bespoke activities/ day opportunities. It was recommended that a directory of services is developed as to what's available in Statutory and Community and Voluntary Sectors. Some highlighted that other Trusts have access to a specialist facility and that Belfast Trust did not have any included in the original model issued for consultation.

Positive Behaviour Support: It was recommended that there needed to be more focus on Positive Behavioural Support.

Transport review

There was a call to undertake a full review of the transport needs of service users, to ensure efficiency, good governance and use.

Overuse of chemical restraint Carers said that over-use of chemical restraint should not be tolerated. They voiced concern that there was over-reliance of medication and frequent use of PRN in Muckamore.

Trust response The Trust welcomes and has listened to the feedback on the new model. As a learning organisation, we are committed to adapting the model as it evolves to ensure that it meets the needs of individuals and their carers, and is agile and responsive.

Specialist Assessment and Treatment Beds

The Trust is engaging with its Commissioner in the Strategic Planning and Performance Group to secure funds for a facility for assessment and treatment. It is envisaged that admissions would be on a short-term basis to allow for the assessment and necessary treatment. The reason that unlike other Trusts, the Trust has not been commissioned as yet to provide

specialist beds is that they are currently being funded to provide these in Muckamore.

Respite

A full review of assessed need for respite has been undertaken to ensure an equitable allocation to all, who require it.

Resource Allocation Panel meets to review service user assessed needs to ensure that all support are considered, to identify and escalate unmet need and inform service planning.

Intensive Treatment Team

This team will provide wraparound care for individuals in the community. It will not be possible to provide this service on a 24/7 basis, however medics and management have on-call arrangements to deal with issues that occur out of hours.

Trauma Informed Practice

Initial meetings have been convened to roll out training to Intellectual Disability staff on Trauma Informed Practice. All individuals within MAH have holistic reviews and if there is an assessed need for trauma counselling, this will be facilitated. Within the Trust, Mental Health, Intellectual Disability and Psychological Services are all part of the same directorate and this provides opportunities for close partnership working. The Collective Leadership Teams within each service are working together to map out appropriate pathways for people with learning disability and mental ill health or autism.

Promotion of services in the statutory and C & V sector

The Trust would recommend that people access the Family Support Directory of Services, which is updated on a regular basis. The Trust also employs some community access workers, who scope the individual's needs, match them and engage with the appropriate service provider. Positive Behavioural Support is widely used within the Trust has developed

a training schedule to enhance skills and knowledge around Positive Behavioural Support.

Appreciative Inquiry

Going forward, the Trust will commission an independent facilitator to engage in an appreciative inquiry exercise with any interested parties to ensure that they have a further opportunity to discuss the interim model and to help shape the longer-term plan.

BHSCT will undertake a review of transportation and invite services users, carers and providers to co-deliver this.

Overuse of PRN

The Trust has undertaken a thorough review and audit of the use of PRN medication in MAH in early 2022 – there were no concerns of overuse of PRN and that all prescriptions had been made in accordance with British National Formulary (BNF) and the National Institute for Health and Care Excellence (NICE). A Quality Improvement initiative was also taken forward to improve training. The Collective Leadership Team can provide assurances there is no overuse of PRN and this would not be tolerated.

2.11 Funding Feedback

There was apprehension by a number of those who sit on the Learning Disability Forum in terms of the availability of funding and timeframe required to develop a range of accommodation options to meet the needs of the Muckamore population. One organisation raised concerns about the budget for the wrap around support for the Intensive Treatment Team and that it was not yet operational.

During the engagement events, carers were keen to know the cost of each bed in Muckamore and whether this level of funding would be invested into the community.

Trust response

The Trust will continue to seek appropriate levels of funding for resettlement and the enhanced community infrastructure from its Commissioner, Strategic Planning and Performance Group (SPPG) and also the Northern Ireland Housing Executive for Supporting People funds. Much of the current BHSC budget for Intellectual Disability services is invested in Muckamore and this has impacted on the Trust's potential to fund and expand the community-based services.

Financial discussions have taken place between DoH, SPPG and Trusts to establish how funding will be reallocated, for resettlement, ongoing community care and provision of specific inpatient beds regionally. The Trust has already submitted business cases to help ensure money does not permanently leave the system.

2.12 Impact of resettlement on families and carers feedback

The concept of resettlement the proposed future service model was applauded but it was advised that it would be dependent on families etc. as un-paid carers. There was recognition of the cost-of-living crisis and the potential for carers to find themselves in poverty, and there is a need to increase uptake of Self-Directed Support and Direct Payments.

One organisation highlighted, financial constraints are limiting the growth within the social care sector and which can ultimately lead to institutionalisation. Some carers felt that the Trust did not fully appreciate their perspective, and how difficult it is for them to keep fighting for their loved ones. They sought more transparency and honesty from the Trust to help rebuild Trust. It was recommended that the Trust also bear in mind that there are carers who have disabilities and long-term health conditions. Respondents stated that there was a need for intensive support in a home environment and

care needed to be joined-up and include family and carers at the heart of it. There was a call for more independent advocacy.

Carers asked about the rights of families in regard to the Care Partnership and the right to visit. There was a call for a cradle to grave service and that all families and carers had the right to know what the future will hold for their loved ones.

Trust response

It is important to recognise that families and carers have their own needs; the Trust is mindful of the fact that carers, by virtue of aging or otherwise, may develop care needs themselves. Taggart et al in 2012 clearly identified the supports required by these ageing family carers. Accordingly, the Trust has a Carers' Strategy and team dedicated to help to meet the needs of carers. 'Caring Together in Belfast 2023 Onwards' sets out the Trust will work to support unpaid and family carers. The Trust has listened to many voices in the development of this strategy including carers, Trust staff and the Community and Voluntary sector. The Trust will undertake a review to streamline uptake of Self-Directed Support and Direct Payments to ensure equity and effective utilisation of the service model.

When MAH closes, there will be investment and more staff capacity in the community infrastructure. A community readiness audit has been taken to ensure the appropriately required skill-mix is available or that other training requirements would be undertaken. The Trust continues to focus in-reach and outreach support for individuals during their resettlement journey and MAH staff will continue to be part of the resettlement team to ensure the transition into their new home is complete and successful. Then hospital staff begin to withdraw their support gradually as it is imperative for the service users to feel confident and comfortable with their new staff cohort and new

environment. The Trust fully acknowledges and respects that all families and carers are fully informed about what the future holds for their loved ones. ID Services look forward to scoping introduction of a Care Partner Framework with carers and families.

2.13 New accommodation feedback

During the engagement sessions, concerns were raised about the new accommodation, such as individuals with learning disability receiving a bill if they destroy their living area. It was also felt that they should be allowed to stay in their placements and not be removed. Some sought assurance that private providers could demonstrate that they are equipped to deal with complex needs and can provide the requisite standard of care. There was reassurance in regard to Muckamore Abbey staff will be visiting people until they are settled.

Trust response The Trust has been working to develop business cases to build new bespoke facilities for the people to be resettled to meet their needs. Muckamore staff will continue to visit people until their resettlement process is completed.

People with a learning disability may be subject to a charge if they damage their living environment dependant on their tenancy agreement and capacity. The Trust will continue to work to ensure that placements are not disrupted with sufficient levels of support being afforded to the individual as and when they require it.

In terms of private providers, assurances on the calibre of care they provide is secured via a number of different methods – the Regulation and Quality Improvement Authority, Care Management Standards and contractual review process.

2.14 Monitoring arrangements and Use of Advocates feedback

In terms of governance, carers called for an independent monitoring group to hold providers accountable. The human rights impact of resettlement will need to be monitored on a continuing basis, not solely at the point of discharge. It was recommended that independent advocates should be involved in conducting this monitoring.

Trust response RQIA is the independent body, responsible for monitoring and inspecting health and social care services in Northern Ireland and encouraging service improvements. Belfast Trust's contract for independent advocates is currently under review and it will implement the recommendations of the Independent Review of Advocacy, which was commissioned by the Trust in 2021.

2.15 Access to MAH Swimming Pool feedback

A significant number of the responses were submitted on behalf of a local school, the parents and the school principal. Their responses highlighted the invaluable merit that access to the pool on the Muckamore site had for these children. The resounding message was that the families and their children, who have a mixture of both learning and physical disabilities, benefit greatly from access to the pool. The physical attributes of the pool included promoting movement, relieving pain, aiding sleep, joint mobility, as well as the psychological and sensory advantages for their children. Other swimming pools do not have the same facilities in terms of the hoist or changing facilities, and the temperature of the water in local leisure facilities is an issue for children who are non-mobile. Feedback on closure of the pool was that it significantly and negatively impact on the pupils and other disabled people who make use of the facilities. There was a call on the Trust to engage with other public

authorities to work collaboratively and creatively to ensure that the pool does not close.

Trust response

The Trust recognises from the volume of responses received related to the swimming pool, and acknowledges the significant health and wellbeing benefits for the children. The Trust has also scoped other individuals and organisations who currently benefit from the pool. The Trust will liaise with the Department of Health, other Trusts and other statutory authorities to scope if there are alternative options re the availability of a swimming pool for the pupils and other disabled people who make use of the facilities.

2.16 Future User of Site Feedback

Some responses questioned what would happen with the site, and advised ensuring the site is used for its best potential. One response suggested the site be repurposed for a Drug Rehabilitation facility or for a back-up for Antrim Area Hospital or for secure facilities.

Trust response

The Trust owns the land and assets at MAH and are in the process of reviewing options for the future of this site following the closure.

2.17 Regional Learning Disability Model Feedback

Carers and families questioned how the proposed Belfast model will correlate with the regional model that the Department of Health is due to publish. It was felt that there needed to be one model of care for the region to avoid a postcode lottery. There was also a query as to whether the Department of Health has endorsed the Belfast Trust proposal in light of their new regional LD Model.

Trust response

The DOH has been working with carers, families and Trusts for some time on a

new service model and has established a number of task and finish groups to take forward the 6 identified themes. It is envisaged that the final feedback would be available in June 2024. The Trust will take this feedback and use it in the appreciative inquiry exercise, conducted by an independent facilitator. The Trust will compare and contrast its model with the DOH co-produced model to ensure there is consistency. The Trust has kept the Department of Health and SPPG abreast of its plans for the interim model through regular meetings and through the submission of business cases.

2.18 Staff feedback

Some responses expressed unease at staff losing their jobs or that they would maybe have to travel long distances to get jobs. Some felt that MAH staff were being abandoned and noted the retention crisis of expert MH and LD staff. It was highlighted that the majority of staff working in MAH had gained considerable skills and abilities, whilst working there and that these would serve them well in the community. It was felt that they would need support to adapt to community-based and non-institutional settings.

Some staff felt that they had received very little support during this process despite being promised guidance throughout the redeployment process. Some felt one to one meetings did not give them the information they needed and that roles were yet to be offered to staff or there were delays in offering redeployment options. It was felt that it would be difficult to accommodate staff with protection plans and safeguards in the community.

One respondent said that they would have expected a more substantive staff analysis and queried if admission of people with a learning disability into mental health facilities could be a factor in the increased incidence of assaults on staff. Easyread responses differentiated between 'good' and 'bad' staff and the need to look after and be fair to good staff, and to get rid of bad staff. There was a

call that there needed to be additional resources in the community, to prevent staff burnout, and promote 24/7 service provision.

Skillset and training: Feedback from a number of sources indicated that enhanced training are made available to the appropriate independent sector staff and not just to Trust staff. Retraining will be essential for Trust staff to provide care in a non-institutional setting and to upskill for community caring or for intensive treatment provision. Concern was expressed for mental health staff and that they may seek to work elsewhere if admission of patients with an intellectual disability to a mental health facility became the norm. One organisation recommended a programme of staff training on respect, rights-based and inclusive culture, particularly given the abuse in MAH.

Trust response

The Trust would seek to reassure patients, carers, staff and Trade Unions that no one will lose their job through the implementation of the MAH closure. Belfast Trust recognises the compassionate care, dedication and devotion that the majority of the staff offer to the patients. The Trust is committed to ensuring that all affected staff are afforded opportunities to be redeployed into another job, and to avail of retraining opportunities. The Trust has engaged with other Trusts to establish if redeployment across Trust boundaries would be feasible, however feedback recommended that current MAH staff could apply for jobs through the normal application process. The Trust has an Organisational Management of Change Framework which the Intellectual Disability Management Team has been working through with affected staff and their Trade Unions to minimise impact on the service and to provide for staff participation during any period of change and to ensure maximum job security in employment and avoiding compulsory redundancies for Trust staff.

As the hospital downsizes and closes, further resource will be community-facing to help support these staff. On call arrangements for clinicians and the CLT ensures that there is 24/7 cover. The Trust will continue to engage with Mental Health and Psychological Services on the interim and future model.

Skillset and training: The Trust has mandatory equality and human rights training for all staff, which needs to be undertaken every 5 years. The Trust is also working with Northern Trust to develop human rights-based resources for the region and to share with Independent Providers. These resources will focus on providing compassionate, person-centred care for vulnerable people. The Trust is currently scoping the feasibility of staff availing of Oliver Magowan training.

Section 3.0 Summary

In accordance with the Trust legislative requirements, the feedback from the consultation has been conscientiously considered in finalising the implementation plan. After the extended formal consultation period closed, the Trust and notably the Collective Leadership Team in ID and the Planning and Equality Team took time to pay due consideration to all the responses received and has amended its future service model as appropriate. Executive Team have also had sight of the full outcome report and the summary document.

OUR COMMITMENT TO YOU

1. We have submitted a business case for Assessment and Treatment Unit to SPPG
2. Continuously monitor holistically, and risk assess throughout and after the resettlement process
3. Regular individual care reviews to address changing needs – including aging.
4. Further promote our Carer's Strategy and Carer Assessments.
5. Liaise with the Department of Health, other Trusts and other statutory authorities regarding the access to Muckamore swimming pool.
6. Undertake a review of transport provision.
7. Consider the recommendations of the independent review of advocates, in the review of our current advocacy contract.
8. Promote the availability of our community support workers
9. The Trust has undertaken a full review of assessed need for respite
10. Continue to work in partnership through an Appreciative Inquiry approach so all appropriate stakeholders are fully involved in the evolution of the service model.

11. Continue work to ensure that all the staff in Muckamore are effectively redeployed.
12. Ensure staff have access to the training and resources so that they are equipped to deliver safe, effective, compassionate and person-centred care.
13. When the DoH has finalised and published its service framework for those with an intellectual/learning disability across Northern Ireland, the Trust will ensure that there is consistency with this model.

At the time of writing, there is a small cohort of people in Muckamore, whose accommodation will not be ready by the end of June and so it will not close in June as previously planned. The June 2024 target closure date, which had been set last year, was dependent on all the remaining patients successfully moving to agreed alternative accommodation placements in the community. Whilst much work has been done to resettle all the patients, it is important not to rush the process and to manage it carefully in the best interests of all those concerned. Planning will continue to resettle all the patients safely and in a person-centred way and when they are all successfully resettled in their forever homes, the hospital will close.

Trust Board is asked to consider this outcome paper in detail and subject to their approval, recommend that it can be published, on the Trust's website and the Loop (intranet) and shared widely with interested stakeholders.

Schedule 9 of the Northern Ireland Act 1998 requires that a system is established to monitor the impact of a plan or proposal.

In keeping with the Equality Commission's guidelines governing an EQIA, the Trust will put in place a monitoring strategy, over a three-year period, to monitor the impact of the implementation when the hospital closes on the relevant groups and sub-groups within the equality categories, and guide the measures required to achieve better outcomes for the relevant equality groups. After it closes, the Trust will publish the results of this monitoring and include same in its annual progress report to the Equality Commission for Northern Ireland.