

## SUMMARY OF SCREENING OUTCOMES

<b>REFERENCE NO. / CONTACT DETAILS</b> <i>Ref no. and Lead Official's contact details.</i>	<b>POLICY DETAILS</b> <i>Give a brief description of the aim of the policy or legislation</i>	<b>SCREENING OUTCOME</b> <i>Give a brief indication of conclusions reached in relation to each of the 4 screening questions and the evidence used in reaching these conclusions</i>	<b>CONCLUSION REACHED</b> <i>Screened in or out?</i>
<p><b>H1, H2, H3, H4, H5</b></p> <p>B. Mitchell                      Project Director,                      Relocation Project                      Beeches Management Centre                      12 Hampton Manor Drive                      Belfast</p> <p>Tel No: 028 90644811</p> <p>b.mitchell@beeches.bmc.                      n-i.nhs.uk</p>	<p>To identify accommodation to serve as a <u>temporary</u> headquarters for the new South Eastern Trust (H1), Northern Trust (H2), Southern Trust (H3), Western Trust (H4) and Belfast Trust (H5) and ensure it is secured and operational by April 2007.</p>	<p>Consideration of equality and good relations issues has taken account of a range of information, including the population census, data provided by NISRA and existing Trusts, and engagement with stakeholders. This included s75 data on staff potentially affected and the broader Trust employment pools and assessment of potential changes in travelling times.</p> <p>There are a number of potential differential impacts on staff aged 50+, males and those with dependents – likely to involve very limited numbers of staff. There was significant engagement with the key stakeholders. The draft business case, including the equality screening, was formally issued for consultation to HPSS bodies and trades unions. Information from a previous screening and discussion with stakeholders indicated that a number of the s75 groups could have problems related to redeployment and that these issues are influenced by race, age, gender, disability and/or dependency.</p>	<p style="text-align: center;"><b>ALL OUT</b></p> <p>However, further screening will be carried out in relation to the identification of <u>permanent</u> headquarters for these Trusts in due course.</p>

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		<p>In terms of promoting equality of opportunity, the assessment highlighted the need to ensure the effective application of existing Trust human resources policies and the requirements of the Human Resources (HR) framework to support staff moving to the new headquarters and that this was provided for in the post-project evaluation to be undertaken by the new Trusts.</p> <p>The need to identify new Trust headquarters arose directly from the original RPA decisions which had been the subject of separate extensive equality consideration.</p> <p>Furthermore, the most significant issues of concern for staff such as recruitment, job security, travelling expenses etc would be addressed through the HR Framework which has been the subject of significant consultation including an EQIA. The analysis demonstrated that numbers affected were small and that the potential impact on travelling time was limited. While the screening exercise identified some potential differential impacts, they were not considered to be of a level of significance that would indicate that an EQIA should be undertaken.</p>	

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<p><b>H6</b></p> <p>Julie Thompson Finance Director Castle Buildings Stormont</p> <p>Tel No: 9052 2446</p> <p>Julie.thompson@dhsspsni.gov.uk</p>	<p>To reduce costs in a number of potential shared services functions by at least 20% and to produce collateral efficiencies in other HPSS functions in order to redirect money into front line services.</p>	<p>The quantitative data highlights that the overall HPSS workforce has a high proportion of females with an overall representation of 82%, which is similar to that of Admin &amp; Clerical staff with 85%.</p> <p>At this stage there is no direct evidence, but there is a possibility that people in categories within Section 75 may experience difficulties in redeployment and/or relocation.</p> <p>Concerns have already been raised by PSC and others, during the consultation of the HR Framework and EQIA, in relation to redeployment and relocation of staff.</p> <p>There is likely to be an opportunity to better promote good relations when considering suitable locations taking account of the importance of neutral and shared spaces. The shared service arrangement will create the opportunity for establishing a more diverse workforce.</p>	<p style="text-align: center;"><b>IN</b></p>

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<p><b>H7</b></p> <p>Vivienne Walker                      Beeches Management Centre                      The Beeches                      12 Hampton Manor Drive                      Belfast, BT7 3EN</p> <p>Tel No: 9064 4811</p> <p>vwalker@beeches.bmc.n-i.nhs.uk</p>	<p>HPSS Trust Staff Transfer Scheme – to meet the requirements of transfer legislation and the Third Guiding Principle, issued by the PSC and accepted by Government and to explicitly set out arrangements for the transfer of staff into the 5 Trusts established on 1 August 2006 and operationalised on 1 April 2007</p>	<p>All HPSS employees transfer with their terms and conditions protected under TUPE arrangements with no change to their pension arrangements. Terms and conditions which specifically related to need, such as flexible working and reasonable adjustments, were carried forward to the HSC Trusts.</p> <p>Additionally the EQIA consultation on the HR Framework sought information in relation to the transfer of staff as well as on other matters and no evidence was provided by respondents to indicate a need for a separate EQIA on this matter.</p> <p>The HPSS Staff Transfer Scheme is restricted to those staff with substantive contracts, transferring to HSC organisations under TUPE arrangements.</p>	<p style="text-align: center;"><b>OUT</b></p>

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<p><b>H8</b></p> <p>Ivan McMaster                      Legislation Team                      Modernisation Directorate                      Annex 6                      Castle Buildings</p> <p>Ivan.mcmaster@dhsspsni.gov.uk</p> <p>Tel No: 9076 5608</p>	<p>The aim of the reform of the HPSS administrative structures is to put in place new structures which are patient-led, patient-centred and responsive to patients and users needs. The HPSS Reform Order provides the legislative framework within which the proposed new HPSS structures will operate.</p>	<p>The purpose of legislation is to allow the creation of structures which will allow improved efficiency and quality of all services for all service users. There is no evidence to suggest that there is any higher or lower participation by any of the 9 groups. The legislation aims to ensure that HPSS bodies are better informed about, and more responsive to, patient needs and the appropriateness of services provided for all service users.</p> <p>In addition, the establishment of a single Health and Social Services Authority should produce regional standards and targets and thus ensure consistency of service provision across Northern Ireland.</p> <p>At the core of the reform of health and social care in Northern Ireland is the theme of putting patients first and ensuring that they drive demand in the system. The reform would aim primarily aim at establishing a system of health and social care that is patient-led and responsive.</p>	<p style="text-align: center;"><b>OUT</b></p>

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<p><b>H9</b></p> <p>Dr Bernie Stuart                      Director of Special Projects                      Castle Buildings</p> <p>bernie.stuart@dhsspsni.gov.uk</p> <p>Tel No: 9052 3184</p>	<p>To establish an effective Patient and Client Council for Northern Ireland, to replace the four HSS Councils and to provide an independent voice for patients and clients in the provision of Health &amp; Social Care in NI and to ensure the involvement of users in developing those services.</p>	<p>The PCC Working Group examined each of the four potential options for the structure of the organisation and considered the s.75 considerations. The membership included representation from the four HSS Councils, the Department, NICAN, NICVA, CAUSE, Mental Health Alliance, NHSSB and Altnagelvin HSS Trust. These are experts in their respective fields with high awareness of s75 implications. None of the group indicated that any of the four options would have higher or lower participation or uptake by any group correlating with s.75 in relation to the other options considered.</p> <p>The working group was aware of the potential risk of adverse impact with any of the structural options outlined and believed that these potential risks will be fully managed by the PCC when a structure is finally decided upon in consultation with the Chair and Chief Executive, when appointed, at which time additional screening will be taken forward.</p>	<p style="text-align: center;"><b>OUT</b></p>

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		<p>Given that stakeholder engagement exercises were carried out (with users and voluntary and community groups representing all s75 groups), there is no evidence to show that any of the four options would have higher or lower participation or uptake by any group correlating with s.75 in relation to the other options considered, there has been full consultation on the legislation creating the PCC and the PCC will be required to carry out an additional screening exercise when final decisions are made on its structure, a full EQIA was not considered necessary at this stage.</p> <p>Regardless of the option chosen, outreach will be an integral feature of the PCC. Proximity to a local office should not be an impediment to receiving PCC services.</p>	

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<p><b>H10</b></p> <p>Ivan McMaster                      Legislation Team                      Modernisation Directorate                      Annex 6                      Castle Buildings</p> <p>Ivan.mcmaster@dhsspsni.gov.uk</p> <p>Tel No: 9076 5608</p>	<p>The purpose of establishing a Joint Committee is to make stronger progress on the local dimension of planning, commissioning and performance managing health and social care during the period of transition until the establishment of the Health and Social Services Authority.</p> <p>The Order establishes the Joint Committee, sets out the functions which the Committee will undertake, establishes the membership of the Committee and sets the term of office for the persons appointed to the Committee.</p>	<p>Health and care commissioning planning and performance management arrangements apply across all of the equality dimensions. The consistent application of regional standards and the implementation of locally responsive commissioning will be designed to improve uptake across all of the groups, particularly those who have had difficulty accessing health and care services.</p> <p>The decisions which this implements were covered by an overarching equality assessment and consultation on the RPA. On the whole this supported the basis of the decisions and, therefore, the accelerated implementation as proposed.</p> <p>The Joint Committee provides an effective mechanism for standardising practice in addressing equality issues across the HPSS through the new Local Commissioning Groups.</p>	<p><b>OUT</b></p>