

# Response ID ANON-QUH6-Z96Q-X

Submitted to Draft Equality Impact Assessment on Belfast Trust Implementation Plan to close Muckamore Abbey Hospital  
Submitted on 2024-04-09 08:33:50

## About You (not required)

1 What is your name?

Name:  
Leslie-Anne Newton

2 What is your email address?

Email:  
leslie-anne.newton@arcuk.org.uk

3 What is your organisation?

Organisation:  
Association for Real Change Northern Ireland

## Give us your views

4 Further to a public consultation, the Department of Health announced in July 2024 the decision to close Muckamore Abbey Hospital as a regional specialist learning disability hospital. Having read this equality impact assessment, do you have any comments on the proposed future service model?

Q1:

As a representative organisation, grounded in human rights, we are of the view that a hospital is not a home and in turn support the closure of Muckamore Abbey Hospital. We recognise that to make this a successful and positive experience for the human beings affected, requires an agile, creative and well thought through plan on both a systems level and an individual personalised level – supported by clear and concise communication.

As an organisation that is well placed to participate in this area due to our knowledge, connections and expertise, the main point of the overall report published is that it is unclear and lacking in important detail. This has further fuelled anger, anxiety, frustration and fear for those that use services and supports, and those that provide them.

Examples detailing why people feel this way are as follows:

On page 15 within the report Figure 4 refers to the 'current pathway' for those experiencing mental ill health. In practice however, this is currently not working for those in community. We are aware of individual cases where a 'blue light meeting' has occurred, however community based support was unable to prevent the need for admission. There was no available bed identified and the case(s) escalates to crisis point sometimes concluding in the need for judicial review. The system is currently unable to meet people's needs, which results in further trauma to a person requiring support, their family members and on many occasions staff in organisations who play a dual role of providing care and support to a person in distress whilst witnessing the impact of delayed intervention on a human being.

There is therefore a level of candid honesty that is required when consulting on such a high profile matter that has already traumatised so many of our people within the learning disability community in Northern Ireland.

Figure 4 on page 15 also refers within the current pathway to "the Clinical Psychologists Therapeutic Support Service (TSS)" and this only being utilised when relevant. We assume the approach to 'where relevant' is related to the capacity within this team. We also therefore assume that this report proposes this as an interim challenge that will change following the reconfiguration from the current pathway and successful closure of Muckamore Abbey Hospital to the implementation of the 'future service model'.

On page 18 the report outlines the 'future service model' when Muckamore.Abbey Hospital is closed. The main change referred to is the shift to mainstream services and the creation of a new team called the 'Intensive Treatment Team'. We support the principal of a highly skilled multi-disciplinary community-based treatment team who have the capacity to be urgent, prompt, and person-centred in responsive. We therefore support the concept of the 'Intensive Treatment Team'.

There are however too many examples whereby mainstream services are ill equipped and unable to meet the need of everyone and hence specialist services will always be required. This report in no shape or form explains the plan for acute beds other than to confirm the regional scoping work currently being undertaken by the Department of Health. Yet there are in-patient acute beds across the other Trusts.

Furthermore on page 21, the report refers to the work led by the Department of Health on finalising a service framework for people with a learning disability. The report acknowledges that in the interim, the Belfast Trust have drafted a strategic direction paper to identified service gaps. One of these such gaps within the Belfast Trust, we assume, would be the fundamental of admission to hospital for acute assessment and treatment. It is disappointing that this information has not been shared in full, or as a summary, since it was referred to within this report. This report should have demonstrated bravery by transparently outlining the Belfast Trust's position on their future provision of acute beds.

On page 29 reference is made to an emergency respite bed – hence as a reader I am assuming one bed across the whole of the Belfast Trust. Given the shift from acute hospital treatment to community-based treatment, evidence would suggest that an increase in emergency respite beds will be required. There is no information or detail shared within this consultation report on whether the Trust has any intention to increase the volume of respite bed provision. There is however reference made, but again without detail, to ‘expand the emergency service provision’.

On page 30 a ‘Resource Allocation Panel’ is referred to with the vision of optimising use of respite and short break alternatives but again, no detail is shared. It is therefore unclear what the Belfast Trust is expecting respondents to comment on.

Consequently, in the absence of such information as listed above, it is impossible for a respondent to comment in full, on the future service model and its potential impact on people in need of support within the future.

With regards to those individuals currently within Muckamore Abbey Hospital who are fit for discharge and are to be resettled we will respond specifically in Question 5.

5 Do you have any comments on the assessment of the equality and human rights impact of the proposed future service model with respect to patients and their families/ carers?

Q2:

We note the Belfast Trusts conclusion on page 55, that the closure of the hospital and competition of resettlement is likely to have a major impact in terms of age and disability of the patients and their family carers. ARC NI agrees with this. Given this determination, we are disappointed that broad brush principles, rather than detailed mitigations are therefore cited throughout the report to address this.

Whilst we agree with the principles, these bring no confidence that resettlement will be successful, positive or indeed uphold the rights for those that currently remain to be resettled, or their family carers. For example:

We note the ‘resettlement process’ outlined on page 16-17 within the report. However nowhere in the report, is the detailed mitigation plan to support each individual, and their family carer evidenced against this resettlement process. We understand this is sensitive and personal data and hence there are limitations in what can and should be publicly available, however we are lacking in confidence that sufficient lessons have been learnt from the unsuccessful resettlement stories and/or broken-down placements. Within the report there is also no evidence to confirm the statement on page 57, that resettlement plans are ‘co-produced’.

We are aware of the Regional Oversight Board as the governance structure relating to resettlement of the remaining patients from Muckamore Abbey Hospital. We are therefore surprised that the interface between this equality impact assessment and the Department of Health’s accountability/governance group has not been referred to anywhere within this report.

We note on pages 21-24, living options are explained but we would challenge the description of Supported Living, as this is not a service but a person-centred process to enable independence whilst living in the community. This misunderstanding of definition can result in varying practice which impacts the rights and choices of individuals supported and their family carers.

Available and diverse accommodation to live in is an ongoing challenge in Northern Ireland but this is more challenging for individuals with a learning disability who have specific needs. The report describes details of current accommodation projects but it is impossible for the reader to understand specifically how many patients waiting to be resettled have chosen these new homes.

Within page 58, the assessed impact of the hospital closure and completed resettlement is that greater opportunities will be created to develop person-centred services. The report then refers to a draft 5 year Equality & disability Action Plan but this is not included within the report, nor has it been publicly consulted upon – unlike other Trusts. In the absence of this detail it is impossible for a reader to understand what changes to community services, infrastructure, investment etc will occur to have concluded in this assessment of impact by the Belfast Trust.

In conclusion we understand the Belfast Trust have communicated their commitment to continue engagement to further flesh out details for their new model. We strongly support this.

6 Do you have any comments on the assessment of the equality and human rights impact of the decommissioning process with respect to staff?

Q3:

The report is more detailed regarding the impact assessment of staff and the mitigations that the Belfast Trust propose to put in place. We would add however that there may be opportunities, where appropriate, for staff who have a positive history and experience of supporting a patient, to follow them and continue to support them within their new home. This has not been referenced within the report as a possible mitigation to consider.

7 Are there any other actions that need to be taken to mitigate any potential negative impact or further promote equality of opportunity in relation to the decommissioning process or future service model?

Q4:

As noted, our main concerns are:

There is not a clear enough plan designed to:

- ‘Call out’ and address the systemic drivers that led to the inhumane treatment of vulnerable people in Muckamore Abbey Hospital in order to avoid

history repeating itself in different community environments.

- Outline, in simple terms, what 'good' community support looks like, and the changes and investment needed to provide this support (including adequate staffing within community-based services).
- Ensure the voice of people with a learning disability and the views of family carers are more clearly heard and represented in the future plans.

Each of the potential impacts for people with a learning disability and family carers identified by the Belfast Trust should be revisited to identify specific mitigations against each impact. Genuine engagement with people with a learning disability and their family carers and with non-statutory providers is essential to clearly identify what works and does not work in planning and delivering support to ensure that people live their best life, are kept safe and that their rights are upheld and promoted.

We are concerned that we are now in April and the planned closure is only a few months away. We are aware that there are a number of people living in Muckamore Abbey Hospital for whom plans to relocate to the community are only at a very early stage. Whilst we very much welcome and support the decision to close Muckamore Abbey Hospital, achieving the timeframe must not take precedence over ensuring that proper care and attention, including time taken to get these critical transitions right.

## Equality Monitoring (not required)

8 What is your sex?

Female

If other, please specify:

9 Is the gender you identify with the same as your sex registered at birth?

Yes

10 What is your country of birth?

Northern Ireland

If elsewhere, please specify:

11 What is your ethnic group?

White

12 Disability In accordance with the Disability Discrimination Act 1995, a disability is defined as a physical or mental impairment which has a substantial and long-term effect on a person's ability to carry out normal day-to-day activities. Under this definition, do you consider yourself as having a disability? If yes, please select all that apply.

No

13 How would you describe your sexual orientation?

Prefer not to say

If other, please specify:

14 How would you describe your caring responsibilities? (Tick all that apply)

Child(ren) under 18

15 Please indicate your religion:

Prefer not to say

Other please state:

16 Please indicate your marital status:

Prefer not to say

If other, please specify:

17 How would you describe your political opinion?

Prefer not to say

If other, please specify:

18 What age were you on your last birthday?

Not Answered