Department of Health, Social Services and Public Safety
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HSC Business Services Organisation

Consultation on the Model of Shared Services for Implementation in Health and Social Care in Northern Ireland

7 DECEMBER 2011

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1 INTRODUCTION AND PURPOSE OF THIS DOCUMENT

1.1 Purpose

This document consults on a model of shared support services for Health and Social Care (HSC) organisations in Northern Ireland. The services concerned are Finance (initially the 80% of Payments and Income concerned with transactions), Human Resources (initially Recruitment & Selection), Payroll, Travel & Subsistence and Procurement & Logistics. It describes the background to the subject, and gives the reasoning behind the proposed structure and the locations of shared service 'centres of expertise'. The document provides an opportunity for you to comment on and influence the way forward.

The contents of the consultation document are as follows:

Section 1 – explains the purpose of the consultation, how you can respond and the background and context to shared services.

Section 2 – outlines the preferred delivery model for shared services.

Section 3 – sets out the analysis undertaken to arrive at the preferred locations for shared services.

Section 4 – outlines the next steps and timetable for implementation.

1.2 How to Respond

If you wish to express a view on the proposals put forward in this document, or on any issues that it covers, you should write to, fax or email the contact point below before 29 February 2012. Alternatively, you can respond by accessing the following link:

http://www.dhsspsni.gov.uk/index/consultations/current_consultations.htm

OR

via the BSTP website at: https.//www.bstp.hscni.net.

Your views, like all those expressed in the consultation, may be disclosed on request. Only in exceptional circumstances is disclosure of such information refused. Before you submit your response, therefore, you may wish to read the guidance in Appendix **1** on the legal position regarding information given in response to this consultation.

Responses should be sent by letter, fax or email to:

Programme Support Officer
Shared Services Project
Business Services Transformation Programme (BSTP)
Leadership Centre
Hampton Manor Drive
Belfast – BT7 3EN

Fax: 02890 491855

email: bstp.info@beeches.hscni.net

Please note that the closing date for all responses is 29 February 2012. Views received after this date will be held on record but will not be included in the analysis of responses which will be carried out once the consultation period has ended.

1.3 Business Services Transformation Programme and Shared Services

1.3.1 The Business Services Organisation

The 'shared service' project is one of four projects which make up the HSC Business Services Transformation Programme (BSTP), which is being taken forward by the Business Services Organisation (BSO). The BSO was established under the Health and Social Care (Reform) Act (Northern Ireland) 2009 as part of the re-organisation and rationalisation of HSC bodies that followed the Review of Public Administration.

The BSO's main role is to provide support services to other bodies in the HSC sector in Northern Ireland, as directed by the Department of Health, Social Services & Public Safety (DHSSPS, or 'the Department'). The range of services thereby provided includes the functions covered by the BSTP.

1.3.2 The Business Service Transformation Programme: background and context

Health and social care bodies exist to improve the health and well-being of the people of Northern Ireland. To do that, they primarily need an adequate supply of skilled and dedicated HSC professionals – but they, in turn, need the type of back-office support services which every thriving business depends on. All have their part to play in helping the HSC achieve its aim; without well-designed and up-to-date support services, staff on the frontline cannot always perform to the best of their ability, with resources consumed by business services functions that could be used to fund patient care.

It has been clear for some time that the HSC is in need of significant investment in its support functions. In 2001 a 'strategic context report' recommended that, in an environment of extensive change and challenge and where the main HR and finance systems had been in place for at least 20 years, the options for future provision of the main HSC support functions should be formally investigated. This was confirmed by subsequent business cases and strategic studies.

The impact of the Review of Public Administration (with its reduction in the number of health and social care bodies) and the movement towards shared service organisational structures within the Northern Ireland Civil Service and the wider UK public sector, led the Department to conduct a feasibility study of the potential benefits of shared services within the new post-RPA, health and social care environment.

That study, completed in February 2007, not only reaffirmed the considerable financial and operational benefits to be gained from adopting the shared service approach; it identified a number

of functions – notably the transactional elements of HR and finance (including payroll and travel & subsistence) and procurement – that seemed eligible for early adoption.

The feasibility study also shortlisted and assessed five options for the shared services model:

- Option 1 – Single Multi-Functional Shared Service Organisation (1 location)
- Option 2 - Single Multi-Functional Shared Service Organisation (2 locations)
- Option 3 – Single Shared Service Organisation, Single Function (6 locations)
- Option 4 – Two Shared Service Organisations, Multi-Functional (2 locations)
- Option 5 – Five Multi-Functional Service Providers (5 locations)

The Feasibility Study recommended Option 2. This envisaged shared services being delivered by a single organisation operating on twin sites, with each of them containing the full range of shared services. As there were no existing premises big enough to accommodate such a range of services, such a model called for two identical purpose-built premises**.**

Between September 2007 and January 2008 DHSSPS undertook a public consultation to assist in developing policy on the most effective and efficient arrangements for providing business and other common services to the HSC through a shared service organisation. By September 2008 the Department was able, in light of the responses received, to prepare a 'strategic outline case'. This reviewed and redefined the services discussed in the earlier feasibility study and recommended those that should be included in the first phase of shared services. It also considered possible structures for the shared service organisation.

Concurrently with that work, in February-May 2008, the Department undertook a public consultation on organisational structures across the HSC. This consultation, part of the Executive's wider Review of Public Administration, concluded that a regional Business Services Organisation should be established which would manage the existing common service functions (i.e. those hitherto discharged by the Central Services Agency and the Department's Directorate of

Information Services), together with a series of other functions, and would also perform the new shared services functions projected in the strategic outline case.

1.3.3 Shared Services Project

As noted in section 1.3.1, the Shared Services Project is one of four in the BSO's Business Services Transformation Programme. The other projects which make up BSTP are:

i. the procurement and implementation of HR, Payroll and Travel & Subsistence IT Systems for HSC organisations;
ii. the procurement and implementation of Finance and Procurement & Logistics IT Systems for HSC organisations; and
iii. the replacement of systems for the payment of contractors within the Family Practitioner Services. This project is being taken forward in parallel with the BSTP projects.

The consolidation of staff within one organisation, which is the essence of the shared service concept, could not take place without the unitary platforms provided by the first two IT systems projects. An outline business case for these systems received Department of Finance & Personnel approval in February 2010, the procurement process has been completed, and contracts with the successful bidders were signed in October and November 2011.

The separate business case for the location of shared services will be completed taking account of views expressed in the present consultation. In the meantime, the framework of the business case is being constructed drawing on the following factors:

- a long-term vision and scope of the shared services model to be implemented for health and social care in Northern Ireland
- arrangements for the operational model for shared services (including the number and location of shared service sites)
- the governance, accountability and performance management arrangements for the proposed shared services model
- an HR Policy for shared services

- a location policy for shared services
- the outline and final business cases for the shared services model
- a public consultation on the shared services model
- an equality impact assessment of the shared services model
- the shared services transition plan
- the shared services accommodation
- implementation of the shared services model
- implementing a programme of work to support new ways of working and service improvement

As part of this work, a 'blueprint' for Shared Services has been drawn up.

1.4 Service Scope of Shared Services

The blueprint defines the current state (*As is*) and future state (*To be*) of shared services for the HSC – their organisation, the functions in question and their high-level design principles. The analysis of which functions should be included in the first phase of shared services was undertaken by evaluating them against a set of criteria e.g. the predominantly transactional character of a function. On this basis the functional areas set out in Section 1.1 of this document were selected for inclusion in Phase 1 of shared services. Other functions were provisionally identified for inclusion in subsequent phases of the project, subject to further discussion. The blueprint was developed by the Shared Services project team following workshop discussions with HSC stakeholders.

The blueprint's definition of shared services is *the provision of defined services by the Business Services Organisation where such services are currently found in a number of HSC organisations.*

The purpose of shared services is given as *the convergence and streamlining of an organisation's functions, to ensure that they deliver to the organisation the services required of them as effectively and efficiently as possible.*

The scope and definition of functions for inclusion in Phase 1 of shared services is:

- Payroll, Travel and Subsistence – all activities associated with the operation of organisational payrolls from new start to production of pay advice slips, as well as management of all travel and subsistence claims from submission of claim to payment via payroll.

- Recruitment and Selection – all activities related to recruitment of all staff (including bank, agency, locum (also includes management of medical locum services and overseas). This comprises all processes from the placing of the advertisement to the issue of contract and the creation of a new employee record on the HR system.

- 80% of the finance functions related to payments and income (including some elements of cash management and elements of financial assessments). The function includes the payment aspects of manual and system payments, purchase order payments, local payments, purchase card administration, creditor management and supplier file maintenance. It also covers income activities related to customer invoicing, credit control and customer file maintenance. Some elements of financial assessment are included in shared services i.e. payments to clients and follow-up of bad debt.

- Procurement and Logistics – includes all activities related to developing procurement strategy, operational procurement services, provision of stores/distribution services (including community care appliances), strategic sourcing, transport/on-site distribution, electronic materials management and advice on and procurement for schemes over a defined capital value.

The current planning assumption is that implementation of Phase 1 shared services will begin on a phased basis as soon as practicably possible in the latter half of 2012. Subsequent project phases may include the extension of Phase 1 defined shared services (some aspects of the finance and HR functions are at present outside its coverage), and/or expansion of shared services into other functional areas outside the scope of the blueprint.

1.5 Organisational scope of Shared Services

The organisations within the scope of Phase 1 shared services are the totality of the Department's HSC arm's length bodies i.e.:

- the six HSC Trusts;
- Business Services Organisation;
- Health and Social Care Board;
- Public Health Agency;
- Northern Ireland Social Care Council;
- Northern Ireland Guardian Ad Litem Agency;
- Northern Ireland Medical and Dental Training Agency;
- Northern Ireland Blood Transfusion Service;
- Patient and Client Council;
- Northern Ireland Practice and Education Council for Nursing and Midwifery; and
- Regulation, Quality and Improvement Authority.

1.6 Current State (*As is*)

As things stand, Phase 1 services are provided mostly by individual HSC organisations. The exception is procurement & logistics, which is an existing shared service provided by BSO. The IT systems supporting back-office functions are now more than 20 years old; although adapted and maintained to try to meet service needs, they are now at the end of their useful life. As mentioned in section 1.3.3, contracts have now been awarded for their replacement. Section 1.3.3 also noted that an outline business case is being prepared for shared services, focussing on the model and location of shared services.

1.7 Future State (*To be*)

The vision for BSO shared services is of a customer-focused, efficient service organisation which provides, to best practice standards, defined corporate services to all HSC organisations. Its features will be:

- high standard of customer care – transparency of service delivery, and the monitoring of service levels through a service relationship framework
- flexibility – an operating model that is capable of providing services beyond those defined in Phase 1 of shared services
- service provision that is underpinned by strong governance arrangements
- common, simplified and integrated processes – clear end-to-end process integration
- delivery of quality services supported by consistent data and enhanced management information
- making the best use of technology, to maximise investment and efficiency opportunities
- creating an organisation that integrates sustainable development into all processes and operations

1.7.1 Future processes for Phase 1 Shared Service Functions

In line with the above vision and with section 1.4's definition of the Phase 1 services to be shared, a set of future business processes has been developed for each of the four functions. They are summarised as follows:

(i) Payroll, adjustments affecting employee pay and travel and subsistence

Under the future business processes for payroll shared services, staff will manage all activities associated with the operation of organisational payrolls from new start to production of pay advice. Shared services will also manage all travel and subsistence claims from submission of claim to payment via payroll.

Currently HR staff in HSC organisations effect those changes to employee terms and conditions which impact on an employee's pay i.e. change of grade, hours etc. The introduction of the new business processes to support the management of such adjustments will reshape how these changes are undertaken in the future. Once line managers have access to self-service (i.e. direct but controlled access to defined parts the HR system) they - rather than the HR department – will, subject to business rules, access on-line an employee's file and record any details that may impact on an employee's pay. The actual number of HR staff impacted by the introduction of this new business process requires further analysis as it is directly related to the speed with which HSC organisations implement manager self-service.

Once employees have access via self-service to their own employee record, it is envisaged that they will be able to update on-line any changes to their personal details i.e. name, address, bank details etc.

For the immediate future, employees will continue to receive a payslip confirming their pay. However, proposals include the eventual introduction of pay advice notifications using such media as text messaging (similar to how many domestic bills are now notified to bill payers).

Once employee self-service is operational, employees will submit travel and subsistence claims on-line; payments will be made directly to the employee's bank account along with his/her pay. It is also envisaged that the new IT system will enable claims to be submitted later in the month and still be paid along with the employee's salary for that month.

(ii) Recruitment & Selection

Under the future business processes, shared services will manage the recruitment process from approval/authorisation to fill a post to the issue of the employee contract and creation of the new employee record on the HR system. Applications can be submitted either on-line or by hard copy. Interview panel members will use on-line facilities to shortlist applicants, while line/service managers will be able to track progress of the recruitment on-line. Similarly, applicants will be able

to track the progress of their application on-line, and those required to attend for a pre-interview assessment will be able to book their attendance on-line.

Once the HR Shared Service has issued the final contract to the employee, the new employee record will be set up on the HR system.

There is still some discussion to be had regarding exactly how agency and bank staff will be managed under shared services, but there is regional agreement on a service to manage medical locums.

(iii) Finance (Accounts Payable and Accounts Receivable)

The future business processes for Accounts Payable and Receivable rest on a much greater degree of automation, and a corresponding reduction in human intervention, than at present.

They will, for example, entail the creation of a single scanning centre run by shared services, to which suppliers of HSC goods and services will be required (as far as possible) to submit their invoices electronically. Invoices not received electronically will be scanned to create an electronic record, and all will then be automatically directed to appropriate finance staff. At that point they will go through a process of 'auto matching' which involves the IT system checking key invoice information against the original purchase order (or, for those goods/services without a purchase order, other forms of verification). Those invoices that can be matched without query will proceed directly to automated payment. Some invoices may not be matched at the first attempt due, for example, to queries on price. In such instances these queries will be resolved between procurement staff and the supplier. Subject to resolution these invoices will then proceed to automated payment.

With regard to Accounts Receivable, invoices/credit notes will be directed electronically (if possible) to the scanning centre or scanned if manually received to create an electronic record. The IT system workflow will manage the distribution of invoices requiring approval. Invoices will be

approved for payment on-line and payment made. Reminder letters for payment will be automatically generated by the system in line with pre-determined criteria.

(iv) Procurement and Logistics Service (PaLS)

PaLS is already a highly automated service. The introduction of new IT systems and shared services will, however, see further improvements to the service and a much greater level of direct manager/end-user on-line involvement in the processes which surround the procurement and logistics of goods and services. For example, there will be such features as manager/end-user on-line approval for goods/services to be procured, on-line confirmation of receipting of goods, advising if incorrect goods have been received etc.

1.8 High-Level Estimated Staffing for Shared Services

The numbers of whole time equivalent staff needed for Phase 1 of Shared Services (relating to defined functions within HR, Finance, Payroll, Travel and Subsistence only) are based upon benchmarking of other shared service organisations which was undertaken as part of the DHSSPS commissioned feasibility study for shared services. The estimated whole time equivalents per function are:

- Recruitment and Selection – Between 86 – 106
- Payroll – Between 125 - 135
- Finance (80% of payments and income function) – Between 174 - 184

Question 1 - Do you agree with the scope of the Phase 1 functions for shared services?

2 SHARED SERVICE DELIVERY MODEL

2.1 Context and Rationale for Proposed Delivery Model for Shared Services

While the feasibility study referred to in section 1.3.2 had shortlisted five options for shared services, and had favoured option 2 'single multi-functional shared service organisation, in two locations', those proposals had been made in 2007; by the time it came for detailed project planning the financial climate had worsened decisively. The evident benefits associated with shared services made it all the more important that the project should go ahead, but the new expenditure constraints necessitated a fundamental review of the delivery model.

The Shared Services Project Team therefore conducted a 'benchmarking review' of other public sector organisations which share back-office functions. The review identified two prevalent and successful models for shared services:

- Multi-Functional (MF) Model – shared services structured so that several functions are performed at more than one location i.e. each location will have a mix of functions, so there are fewer locations than there are functions;
- Centres of Expertise (CoE) Model – shared services structured so that one function only is performed at each location i.e. at least as many locations are needed as there are functions to be performed.

The MF model was, of course, that proposed in 2007, but its cost was now judged prohibitive; the capital investment required was put at £16m, a sum which the DHSSPS capital programme could not afford. Further analysis was therefore undertaken to assess whether the CoE model for shared services in the HSC could deliver the benefits set out in the 2007 Feasibility Study.

The available benchmarking information does not tell us which of the two – Centre of Expertise or Multi-Functional – is the more successful shared service approach. The information does, however, confirm that, for the vast majority of organisations, either shared service approach brings both

significant savings and improvements in quality of service. It also shows that those organisations deriving such benefits from shared services have a number of important characteristics in common:

- standardisation
- streamlined processes, maintained over time
- end-to-end process design and ownership
- strong leadership and engagement
- goals and performance targets that call for effort
- continuous improvement and performance regime
- clear and measurable service level agreements with clients
- alignment of functional and business priorities
- customer focus
- due reliance on technology/IT possibilities for workflow and self-service
- elimination of inefficient manual intervention, 'work-arounds' and 'hand-offs'
- clear vision, translating into a meaningful business plan
- formal processes for change management.

Having examined the evidence, the BSTP Programme Board came to the view that the Centre of Expertise model would drive such benefits. The Board also considered that it would be as likely as the Multi-Functional model to generate such efficiency benefits as:

- making the most of potential to share expertise and improve performance across the entire function;
- making the most of potential to establish and maintain standardised processes; and
- keeping to a minimum duplication of management by, where possible, locating each function in a single location.

In summary: after careful consideration of the analysis and of the informed views of experienced advisers, and taking account of the previous analyses and reports, the BSTP Programme Board satisfied itself that a Centre of Expertise model can support a robust Shared Services configuration, capable of delivering the benefits set out in the business case and feasibility study.

Question 2 - Do you agree with the Centre of Expertise model as the basis for shared services?

2.2 Principles Associated with CoE Model

It is important that the CoE approach should be attuned to Northern Ireland circumstances and priorities. To that end, six principles have been developed to underpin the CoE model. They are informed by earlier research into shared service delivery models, current Northern Ireland Executive policy, and standard public administration requirements such as achieving value for money. The principles are:

Principle 1 – Demonstrate an appropriate balance of value for money and quality of service- the service provided should be as cost effective as (or more cost effective than), and of the same quality as (or better quality than) current service provision.

Principle 2 - Each CoE has a discrete function - in the case of HSC shared services the functions for inclusion in Phase 1 are the transactional elements of Recruitment and Selection, Finance (most of Payments and Income) and Payroll. On this basis the ideal number of CoEs would be three - though it was acknowledged by the BSTP Programme Board that, as with the original two centre model, achievability may be restricted by e.g the capacity of available accommodation.

Principle 3 – Distribution of employment opportunities across Northern Ireland to minimise adverse economic impact - there should not be more than one CoE per Trust geographical area, reflecting equitable distribution and the desire to distribute employment opportunities across Northern Ireland[1].

Principle 4 – Consideration of the location of shared services functions in conjunction with associated transition risks - for example, minimising the risks to the continuity of current service provision, by optimising the geographical clustering of experienced/skilled staff to shared service locations.

[1] The Independent Review of Policy on Location of Public Sector Jobs (September 2008) *(Bain Report)* agreed that the location of public sector jobs and the decision-making process work positively to promote equality and good relations.

Principle 5 - Sizing - each CoE location should be capable of providing feasible and sustainable accommodation for shared service functions.

Principle 6 – Making the best use of existing accommodation assets and maximising value for money on the basis of whole life costs – in line with the Department of Finance & Personnel framework[2] and HM Treasury Guidance[3].

Those six principles govern the proposals set out in this document regarding application of the CoE model to the HSC and the location of shared service functions.

Question 3 – do you consider that these are the principles most relevant to deciding where to locate the HSC shared service centres of expertise?

Question 4 - Do you consider that there are other more, or equally, relevant principles on which to base the decisions?

[2] DFP Framework to Underpin Decisions on the Location of Public Sector Jobs Resulting from the Review of Public Administration (November 2007)
[3] HM Treasury Guidance on Integrating Wider Economic and Policy Objectives into Location Decisions (January 2005)

3 POTENTIAL SHARED SERVICE LOCATIONS

3.1 Accommodation Scanning

This section of the consultation document describes the options for premises to accommodate the shared service Centres of Expertise. Location options relate only to finance (most of payments and income and some elements of cash management), payroll, and HR (recruitment and selection only, as defined for Phase 1). The Procurement and Logistics Service is already a shared service managed by BSO and there are no plans in the short-term for significant relocation of this service.

As well as the change in the financial climate, the organisational landscape through which shared services will go forward is very different to that which existed in 2007, at the time of the feasibility study. Under the Review of Public Administration, HSC organisations have been restructured and rationalised. As a result, some premises have become surplus to requirements or underused. In keeping with the Department's duty to extract good value for money from the HSC estate, the Shared Services Project has been able to productively examine a range of accommodation options as an alternative to new build shared service centres. The 'accommodation scanning' exercise also considered the merits of non-HSC facilities for shared service accommodation (other publicly owned premises, private sector rental etc). The non-HSC accommodation alternatives were, however, discounted in view of the long-term and significant revenue burdens entailed.

The 2010 scanning exercise was re-run by Health Estates Investment Group in August 2011. The review examined existing HSC accommodation from the perspectives of vacancy (existing or future) and fabric condition. To arrive at a full appreciation of the accommodation available, discussions took place with capital development staff in HSC organisations, and site visits were carried out to check the accommodation's suitability against the shared services specification. The product of the scanning exercise was the list of HSC estate options set out in table 1.

Table 1 – Potential Centre of Expertise Accommodation: Capacity

Trust Accommodation Available	Space Available (m2)	No. of WTEs*who could be accommodated
Northern HSC Trust		
Braid Valley Hospital Wards 1 & 2, Ballymena and modular accommodation on Braid Valley site, Ballymena	998	121
Western HSC Trust		
Tyrone and Fermanagh Main Building, Omagh	1,200	119
Tyrone and Fermanagh Beech Villa, Omagh	860	84
Tyrone and Fermanagh Rowan Villa, Omagh	830	83
Lime or Lilac Villa, Gransha, Londonderry	1,245	165
Southern HSC Trust		
Ground Floor Pinewood Villa, St Luke's, Armagh	700	77
Rosewood Villa, St Luke's, Armagh	1,103	88
Ashleigh Villa, St Luke's, Armagh	1,452	110
South Eastern HSC Trust		
College Building, Downshire Hospital site, Downpatrick	1,770	175
Bernagh House, Downshire Hospital site, Downpatrick	1,460	144
Belfast HSC Trust		
College St, Floors 1-4, Belfast	2,153	242
Everton Building, Belfast	1,500	149

*WTE = whole time equivalent staff. Reflects the number of people who can be accommodated within the space available/space predicted to become available.

3.2 Costs of Potential Locations

The two main costs associated with making use of the accommodation are the capital investment needed to make it suitable for use by shared services (and address any statutory requirements), and the running costs thereafter. (While some lifetime costs (such as statutory requirements) are therefore factored in, others will be assessed as part of the outline business case for accommodation, to be drawn up in light of this consultation.) The following table gives the costs per square metre and annual running costs for each potential site:

Table 2 – Potential Centre of Expertise Accommodation: Costs

Accommodation Available	Capital Cost (£) per m2	Running Costs per annum (£)
Braid Valley Hospital Wards 1 & 2, Ballymena and modular accommodation on Braid Valley site, Ballymena	1,200	54,468
Tyrone and Fermanagh Main Building, Omagh	2,500	58,390
Tyrone and Fermanagh Beech Villa, Omagh	1,175	55,182
Tyrone and Fermanagh Rowan Villa, Omagh	1,175	49,221
Lime or Lilac Villa, Gransha, Londonderry	450	30,854
Ground Floor Pinewood Villa, St Luke's, Armagh	550	31,203
Rosewood Villa, St Luke's, Armagh	700	48,262
Ashleigh Villa, St Luke's, Armagh	700	62,702
College Building, Downshire Hospital site, Downpatrick	1,500	77,935
Bernagh House, Downshire Hospital site, Downpatrick	1,800	38,562
College St, Floors 1-4, Belfast	900	40,054
Everton Building, Belfast	1,800	84,010

Notes

- Capital costs per m2 are associated with converting the accommodation to meet the specification for shared services accommodation and address any necessary statutory requirements. Capital costs are informed by input from DHSSPS Health Estates Investment Group quantity surveying and architectural staff
- Running costs relate to the running costs for the whole building, as opposed to the part-occupation only required by shared services, for the following locations: Beech & Rowan Villas, Lime Villa, Rosewood and Ashleigh Villas, College St and Everton. The costs comprise heating, electricity, rates, cleaning and security
- Some of the potential accommodation has the capacity to absorb further phases of shared services.

3.3 Mapping of Functions and Proximity of Existing Staff to Potential Locations

It is one thing to have available suitable accommodation; it is another to have staff available to work there. As was emphasised at the start of this document, back-office functions are essential to the operation of any well-run organisation. They depend on the organisation having an adequate supply of experienced, trained staff. It follows that the sites chosen for shared services should, ideally, be located where they can draw on or attract such staff.

To test that essential component of the shared service model, an analysis was undertaken of the likely ability of each potential Centre of Expertise location to attract staff currently working in the affected areas of finance, payroll and recruitment & selection. The nearer each location is to the site of an existing function, the greater the assurance that it could serve as a CoE minimising risk to business continuity: conversely, the less accessible it is from the present finance, payroll and recruitment & selection sites, the greater the risk to business continuity.

The analysis has therefore been conducted on the basis of the 'clustering' of existing locations of staff engaged in Phase 1 shared services functions. The clustering analysis is based on headcount (i.e. the actual number of staff as opposed to whole time equivalents) and is illustrated by the map overleaf and tables 3-5.

Clustering of Affected Staff by location (BASED ON STAFF NUMBERS PROVIDED BY HSC ORGANISATIONS AT AUGUST 2011)

Note: The number inside the circle indicates the number of staff currently in that location, colour coded as follows:

= Recruitment & Selection **= Finance (80% Payments & Income)** **Payroll**

Table 3 – Payroll Function Mapping – 135 WTE staff required for payroll (represents 100% of payroll function to transfer to shared services)

Accommodation Available	Town of accommodation	% of required staff for shared services located within geographical area of the town
Braid Valley Hospital Wards 1 & 2, Ballymena and modular accommodation on Braid Valley site	Ballymena	24%
Tyrone and Fermanagh Main Building	Omagh	0%
Tyrone and Fermanagh Beech Villa	Omagh	0%
Tyrone and Fermanagh Rowan Villa	Omagh	0%
Lime or Lilac Villa, Gransha	Londonderry	19%
Ground Floor Pinewood Villa, St Luke's	Armagh	24%
Rosewood Villa, St Luke's	Armagh	24%
Ashleigh Villa, St Luke's	Armagh	24%
College Building, Downshire Hospital site	Downpatrick	0%
Bernagh House, Downshire Hospital site	Downpatrick	0%
College St, Floors 1-4	Belfast	55%
Everton Building	Belfast	55%

Table 4 – Finance Function Mapping – 184 WTE staff required for finance (represents 80% of existing Payments and Income staff to transfer to shared services)

Accommodation Available	Town of accommodation	% of required staff for shared services located within geographical area of the town
Braid Valley Hospital Wards 1 & 2, Ballymena and modular accommodation on Braid Valley site	Ballymena	24%
Tyrone and Fermanagh Main Building	Omagh	22%
Tyrone and Fermanagh Beech Villa	Omagh	22%
Tyrone and Fermanagh Rowan Villa	Omagh	22%
Lime or Lilac Villa, Gransha	Londonderry	0.5%
Ground Floor Pinewood Villa, St Luke's	Armagh	20%
Rosewood Villa, St Luke's	Armagh	20%
Ashleigh Villa, St Luke's	Armagh	20%
College Building, Downshire Hospital site	Downpatrick	18%
Bernagh House, Downshire Hospital site	Downpatrick	18%
College St, Floors 1-4	Belfast	70%
Everton Building	Belfast	70%

Table 5 – Recruitment and Selection Function Mapping – 86 WTE staff required for recruitment and selection (represents 100% of recruitment and selection function to transfer to shared services)

Accommodation Available	Town of accommodation	% of required staff for shared services located within geographical areaof the town
Braid Valley Hospital Wards 1 & 2, Ballymena and modular accommodation on Braid Valley site	Ballymena	27%
Tyrone and Fermanagh Main Building	Omagh	0%
Tyrone and Fermanagh Beech Villa	Omagh	0%
Tyrone and Fermanagh Rowan Villa	Omagh	0%
Lime or Lilac Villa, Gransha	Londonderry	20%
Ground Floor Pinewood Villa, St Luke's	Armagh	20%
Rosewood Villa, St Luke's	Armagh	20%
Ashleigh Villa, St Luke's	Armagh	20%
College Building, Downshire Hospital site	Downpatrick	0%
Bernagh House, Downshire Hospital site	Downpatrick	0%
College St, Floors 1-4	Belfast	44%
Everton Building	Belfast	44%

3.4 Outcome of Proximity Analysis

On the basis of mapping the proximity of current staff to the potential CoE locations, the ranking of CoE accommodations per function (from most favourable to least favourable) is:

Table 6 – Ranking of Accommodation by Proximity to Existing Staff

Accommodation Available	Proximity of Payroll of Staff	Proximity of Finance Staff	Proximity of R & S of Staff
Northern HSC Trust			
Braid Valley Hospital Wards 1 & 2, Ballymena and modular accommodation on Braid Valley site, Ballymena	2=	2	2
Western HSC Trust			
Tyrone and Fermanagh Main Building, Omagh	*	3	*
Tyrone and Fermanagh Beech Villa, Omagh	*	3	*
Tyrone and Fermanagh Rowan Villa, Omagh	*	3	*
Lime or Lilac Villa, Gransha, Londonderry	3	6	3=
Southern HSC Trust			
Ground Floor Pinewood Villa, St Luke's, Armagh	2=	4	3=
Rosewood Villa, St Luke's, Armagh	2=	4	3=
Ashleigh Villa, St Luke's, Armagh	2=	4	3=

Accommodation Available	Proximity of Payroll of Staff	Proximity of Finance Staff	Proximity of R & S of Staff
SEHSCT			
College Building, Downshire Hospital site, Downpatrick	*	5	*
Bernagh House, Downshire Hospital site, Downpatrick	*	5	*
BHSCT			
College St, Floors 1-4, Belfast	1	1	1
Everton Building, Belfast	1	1	1

Notes

A score of 1 indicates the accommodation with closest proximity to current staff
**There are currently no payroll staff located in proximity to Omagh or Downpatrick, and no recruitment and selection staff in proximity to Downpatrick or Omagh.*

3.5 Functions and Locations

Section 2.2 has articulated the six principles which underpin the CoE model. The analysis above, conducted on the basis of 'proximity' alone, indicates that all three CoEs should be located in Belfast. But that configuration would conflict with principle 3, which restates the importance, set out in DFP's *Framework to Underpin Decisions on the Location of Public Sector Jobs Resulting from RPA* (November 2007), of ensuring that, as far as is practicable, employment opportunities are equitably distributed across Northern Ireland. In the present case, acting on that principle would place two of the three CoE functions outside Belfast. If that reasoning is accepted, principle 4 ('consideration of shared services functions and associated transition risks') then comes into play. Put at its most basic, the question is: given that all three functions could be located in Belfast but that only one should be located there, are there business continuity reasons for locating one shared service in particular in Belfast?

It appears that there are. In formulating its proposals, the Shared Services Project Team has studied the lessons learned on how to reduce operational risks during the transition to shared services. It has already been noted that retaining the skills and knowledge of HSC staff associated with shared service functions will help mitigate transitional (and ongoing) business risks. But experience also

shows that, for the system as a whole, business continuity is more important in some functions than in others. Of the three functions with which we are concerned, system suppliers and other providers of shared services agree that payroll is the service constituting the most risk in the transitional period; they also say that, the more payroll skills and experience can be retained, the lower the risk.

In evaluating possible configurations for the three shared services, it has therefore been assumed that, in each configuration, the payroll function will be discharged from Belfast; 55% of the staff required to provide payroll services within shared services already work within the greater Belfast area. With that and location of the other two functions outside Belfast as givens, and taking account of the principles in section 2.2, it is suggested that the following four options best capture the realistic possibilities for location of CoEs:

- Option 1 – maximising proximity of staff to locations/functions
- Option 2 – most economic combination of locations/functions
- Option 3 - combining economy with proximity of locations/functions
- Option 4 – locating the finance function on a single site.

Question 5 – do you agree that these four options capture the main alternative approaches to deciding where the shared service centres of expertise should be located?

Question 6 - Is there a further option that should, in your opinion, be tested?

Options 1-3 assume that finance would be located on two sites (one site for payments, representing two-thirds of the required finance staff, and one site for income, representing the remaining third of the staff required). This configuration allows for the need to minimise risk/disruption to the finance function by distributing services across the region close to the current working locations of staff. (In addition, given the sheer size of the finance function, there are limits to our capacity to accommodate the entire finance function in one place.) Nevertheless, as a comparator, Option 4 assumes the creation of a single

CoE for finance in those locations which (outside Belfast) have sufficient capacity (=>184 staff) to accommodate the finance function.

3.5.1 Analysis of Function and Location Options

Table 7 summarises the analysis behind the four options.

Table 7 – Accommodation/Location Options

Function	Option 1 (Proximity)	Option 2 (Cost)	Option 3 (Cost & Proximity)	Option 4 (Single Finance Site)
Payroll	Belfast (55%)	Belfast (55%)	Belfast (55%)	Belfast (55%)
Finance	Ballymena (24%) Omagh (22%)	Ballymena (24%) Armagh (20%)	Ballymena (24%) Armagh (20%)	Omagh (22%) ***OR*** Downpatrick (18%) ***OR*** Armagh (20%)
Recruitment & Selection	Armagh (20%)	Londonderry (20%)	Londonderry (20%)	Ballymena (27%)

Note – the percentages in brackets indicate the percentage of required staff for shared services currently based within the geographical area of the specified town.

The preferred option is one which draws upon the availability of existing staff with appropriate skills combined with value for money. On this basis Option 1 is the proposed best fit. Under this option, Payroll would be located in Belfast (College St), Recruitment and Selection in Armagh (St Luke's site), with the payments function of finance in Ballymena (Braid Valley site) and the income function of finance in Omagh (Tyrone and Fermanagh Hospital site). This option generates a capital cost of £3.9m and running costs per annum of £278,390.

Question 7 – Do you agree with the approach used and preferred option in assessing the potential locations for shared services functions?

4 NEXT STEPS

The next steps associated with shared services is as follows:

- Consultation period – 7 December 2011 to 29 February 2012

- Analysis of consultation results – March 2012

Question 8 – Are you satisfied with the proposed next steps for shared services?

Appendices

APPENDIX 1 – GUIDANCE ON CONFIDENTIALITY OF CONSULTATION FREEDOM OF INFORMATION ACT 2000 – CONFIDENTIALITY OF CONSULTATION

Your response, and all other responses to the consultation, may be disclosed on request. The Business Services Organisation (BSO) can only refuse to disclose information in exceptional circumstances. **Before** you submit your response, please read the paragraphs below on the confidentiality of consultations. They will give you guidance on the legal position on any information given by you in response to this consultation.

The Freedom of Information Act gives the public a right of access to any information held by a public authority, namely, the Department in this case. This right of access to information includes information provided in response to a consultation. The BSO cannot automatically consider as confidential information supplied to it in response to a consultation. However, it does have the responsibility of deciding whether any information provided by you in response to this consultation, including information about your identity, should be made public or be treated as confidential.

This means that information provided by you in response to the consultation is unlikely to be treated as confidential, except in very particular circumstances. The Lord Chancellor's Code of Practice on the Freedom of Information Act provides that:

- the BSO should only accept information from third parties in confidence if it is necessary to obtain that information in connection with the exercise of any of the Department's functions and it would not otherwise be provided

- the BSO should not agree to hold information received from third parties in confidence which is not confidential in nature

- acceptance by the BSO of confidentiality provisions must be for good reasons, capable of being justified to the Information Commissioner.

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

APPENDIX 2 – INITIAL EQUALITY IMPACT ASSESSMENT

Initial EQIA to support the Consultation on the Model of Shared Services for Implementation in Health and Social Care in Northern Ireland

7 December 2011

CONTENTS

A copy of this EQIA consultation document in an alternative format or in languages for those who are not fluent in English can be obtained on request. Please contact:

Programme Support Officer,

Business Services Transformation Programme,

Leadership Centre,

Hampton Manor Drive,

Belfast - BT7 3EN

Tel: (028) 9064 4811 Ext:433

(FOR TEXT RELAY USERS: PREFIX WITH 18001)

Email: bstp.info@beeches.hscni.net

1 INTRODUCTION

1.1 Context to Business Services Transformation Programme

The Business Service Transformation Programme (BSTP) represents a significant investment in business systems that support a range of corporate services for Health and Social Care (HSC) bodies in Northern Ireland. Over the next 18 months BSTP will focus on investing in replacing outdated systems in three areas:

- Human Resources, Payroll, Travel & Subsistence
- Finance
- Procurement and Logistics System

In addition, the system used by Business Services Organisation (BSO) to pay Family Practitioners (GPs, Dentists, Pharmacists and optometrists) is also being replaced.

The introduction of these systems into the HSC will facilitate greater automation of processes and practices for finance, procurement, logistics, human resources, payroll, travel & subsistence, Family Practitioner payments, etc, across the HSC family of organisations to realize the full benefits of modern information technology and standardised efficient business processes.

Importantly, these new systems will assist in the creation of a new cost-effective Shared Services arrangement which will be delivered by HSC staff. Shared Services will be subsumed in the BSO, which already provides a broad range of regional business support functions and specialist professional services to the HSC.

This arrangement will provide a range of finance, procurement, logistics, HR, payroll, travel & subsistence solutions to all HSC organisations, more

efficiently, and deliver real value to HSC bodies across Northern Ireland – thereby releasing resources for frontline care.

1.2 Content of this Initial EQIA

1.2.1 This EQIA accompanies the public consultation document which sets out the proposals for the future of 'shared services' in Health and Social Care in Northern Ireland. The consultation document describes the reasoning behind the proposed approach to Shared Services, especially with regard to the model and potential locations of shared services functions.

1.2.2 In profiling the existing workforce against Section 75 groups, this initial EQIA presents a preliminary assessment of the potential impact on the individuals most likely to be affected by the introduction of shared services. It should be noted that this EQIA reflects the beginning of a process of assessing the impact of shared services, and is based on the information available at this time. Additional and more detailed impact assessment analysis will be undertaken in due course, and the process of formal consultation on Shared Services will support the development of a more detailed EQIA.

1.2.3 Profiling of the workforce is based on 100% of the current workforce in the affected functions. It should be noted that not all of the current workforce in the affected functions will move to shared services in Phase 1.

1.2.4 EQIA profiling has also been undertaken across the five HSC Trust geographical boundaries (Belfast area, Northern area, Southern area, South Eastern area and Western area).

1.2.5 The EQIA will be reviewed in light of the responses to the consultation document in conjunction with the Outline Business Case which is under development for shared services. Further equality impact analysis will be undertaken against the identified locations of functions for shared services. Further analysis will also contain additional socio-economic profiling.

1.2.6 This EQIA excludes any analysis associated with procurement and logistics staff. PaLS is an existing shared service provided by BSO and there are no present plans to significantly relocate PaLS.

1.2.7 This EQIA excludes any analysis associated with staff in the functions of Family Practitioner Services as these services are not within the scope of Phase 1 of Shared Services.

1.3 Section 75

Section 75 of the Northern Ireland Act 1998 requires each public authority, when carrying out its functions in relation to Northern Ireland, to have due regard to the need to promote equality of opportunity between nine categories of persons, namely:

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

Without prejudice to the obligations above, the public authority must also have regard to the desirability of promoting good relations between persons of different religious belief, political opinion or racial group. The Department and the BSO, as public authorities, adhere to all relevant statutory requirements and are committed to the pursuit of equality and promotion of good relations.

1.4 Equality Impact Assessment (EQIA) process

An Equality Impact Assessment is a thorough and systematic analysis of a policy, whether that policy is written or unwritten, formal or informal and is carried out in accordance with the relevant section in the *Guide to the Statutory Duties.* Whilst an EQIA must address all nine Section 75 categories,

it does not entail that equal emphasis is given to each throughout the process – rather, the EQIA must be responsive to emerging issues and concentrate on priorities accordingly.

An EQIA should determine the extent of differential impact upon the relevant groups and in turn establish if the impact is adverse. If it appears that there is such an impact, the public authority must consider alternative policies to better achieve equality of opportunity or measures to mitigate the adverse impact.

In accordance with the *Department of Health, Social Service and Public Safety (DHSSPS) Equality Scheme*[4] the EQIA process will comprise seven elements:

1. Defining the aims of the policy;
2. Consideration of available data and research;
3. Assessment of impacts;
4. Consideration of measures which might mitigate any adverse impact; and alternative policies which might better achieve the promotion of equality of opportunity;
5. Formal consultation;
6. Decision by the Public Authority and Publication of the results of the EQIA;
7. Monitor for adverse impact in the future and publication of the results of such monitoring.

Publication of this EQIA represents the start of Step 5, 'Formal Consultation'. The feedback gained during the consultation period will help inform Step 6, 'Decision by the Public Authority and Publication of the results of the EQIA'. Following this, monitoring for adverse impact will commence.

[4] The Department's Equality Scheme, which was approved by the Equality Commission, is available on the Department's website at www.dhsspsni.gov.uk

A copy of this EQIA consultation document in an alternative format or in languages for those who are not fluent in English can be obtained on request. For queries and/or copies please contact:

Programme Support Officer,
Business Services Transformation Programme,
Leadership Centre,
Hampton Manor Drive,
Belfast - BT7 3EN

Tel: (028) 9064 4811 **(FOR TEXT RELAY USERS: PREFIX WITH 18001)**

Email: bstp.info@beeches.hscni.net

In compliance with the legislation and in the interest of equality of opportunity and good relations, the Department, in making any final decision with respect to this proposal will take into account the equality impact assessment and the outcome of the consultation in respect of shared services.

2 EQUALITY IMPACT ASSESSMENT

2.1 Data Collection

The BSTP team approached HSC organisations (six HSC trusts, HSCB, BSO and PHA) to get quantitative and qualitative data. An Excel Spreadsheet was used to gather headcount figures for the potential Phase 1 functions in HR, Finance and Payroll in each HSC organisation. A further Excel Spreadsheet was used to gather Section 75 details for the Phase 1 functional areas.

The Programme Director, Project Manager for Shared Services and the EQIA Lead held workshops with HR and Finance Directors, Assistant Directors and Senior Managers from each HSC organisation to help in preparation of the 'Blueprint' for shared services and also as a vehicle to generate qualitative information to support this EQIA.

The Shared Services team reviewed other EQIAs which dealt with restructuring and relocation issues in the public sector:

- *Workplace 2010, (Her Majesty's Revenue and Customs) Human Resource & Management Consultancy 2006 - Approach to relocation and restructuring, DFP 2006-Accounting Services programme; and*
- *High-Level EQIA Transformation of Business Services in Health and Social Care (Shared Services), October 2008*

2.2 Equality Screening Outcome

BSO undertook an initial screen of this proposal, which revealed that, at the time of screening, female staff (74%) and those with dependants were likely to be the most impacted group. The screening outcome data are available, on request, from the BSTP Office.

2.3 Policy Aim

As outlined in the consultation document, the key aim of this policy is to develop a new model for delivering a range of corporate functions across the HSC family of organisations through Shared Services. This approach will centralise a defined set of business functions within one organisation (namely the BSO).

This EQIA sets out an initial understanding of the possible equality implications arising from the introduction of Shared Services. As outlined in Section 1.2.4, this EQIA will be reviewed in light of the responses to the consultation document and further equality impact analysis undertaken against the identified locations of functions for shared services. At the same time further analysis will also be undertaken in respect of socio-economic profiling.

This EQIA will assess the equality implications for staff, the general public (including potential and actual applicants for HSC posts), local economies and labour markets.

Phase 1 of shared services (which will commence implementation as soon as practicably possible in the latter half of 2012) will include**:**

Finance:

- **Payments & income** – The majority of these functions will transfer to shared services (some functional areas will remain at an individual organisational level)

Human Resources:

- **Recruitment and Selection** (including recruitment of medical staff) **–** This function will transfer to shared services.

- **Payroll (including Travel & Subsistence) –** This function will transfer to shared services

2.4 Current Service Provision / Staffing Profile

Currently HR, Finance and Payroll functions are largely conducted by the individual organisations which make up the HSC.

Table 1: Breakdown of Staffing profile for Affected Functions by Individual Organisation (Based on headcount i.e. people as opposed to Whole Time Equivalents) at August 2011

	BHSCT	SHSCT	SEHSCT	WHSCT	NHSCT	Board/BSO/NIAS & PHA	TOTAL
HR function							
Recruitment and Selection	23	17	9	17	23	6	95
Finance Function							
Payroll	47	33	21	24	32	6	163
Payments and Income / Accounts Payable and Receivable*	107	45	62	50	53	39	356
OVERALL TOTAL	**177**	**95**	**92**	**91**	**108**	**51**	**614**

* 80% of this group will be impacted by shared services. This group includes staff involved in the processes of assessment. It is acknowledged that a proportion of assessment staff will be retained at Trust level.

Some roles are multi-functional in nature (i.e. not all staff who undertake recruitment and selection do this for 100% of their time; they may undertake other functions). On this basis the exact numbers affected by functional area may be subject to refinement.

Clustering of Affected Staff and Location (based on headcount provided by HSC organisations at August 2011)

Note: The number inside the circle indicates the number of affected staff currently in that location, colour coded as follows:

= HR (Recruitment & Selection) **= Finance (80% Payments & Income)** **= Payroll**

2.5 Long-List of Potential Locations for Shared Services

The Shared Services Project has examined a range of existing HSC accommodation options for shared service locations. Accommodation scanning also considered the merits of examining suitable non-HSC facilities for shared service accommodation (i.e. other public body owned, private sector rental options etc.). Non-HSC accommodation options were discounted from further analysis given the long-term and significant revenue implications associated with using them.

In August 2010 an accommodation scanning exercise in respect of potential shared service accommodation was commenced in conjunction with DHSSPS Health Estates Investment Group (HEIG). This accommodation analysis was refreshed again in August 2011. The HEIG review examined existing HSC accommodation from the perspective of vacancy and condition of estate. Discussions were held with Capital Development teams in HSC organisations. Site visits to potential accommodation were undertaken to review accommodation suitability against the outline accommodation specification for shared services. The output of the accommodation scanning exercise was the generation of potential HSC estate options. The long-list of shared service accommodation options, identified at Section 3 of consultation document, was as follows (in alphabetical order):

- Longstone and St Luke's site in **Armagh**
- Braid Valley Hospital site in **Ballymena**
- College St and Everton Complex in **Belfast**
- Downshire Hospital site in **Downpatrick**
- Gransha site in **Londonderry**
- Tyrone and Fermanagh Hospital site in **Omagh**

2.6 Identification of Affected groups

The BSTP has established that, as at August 2011, the number of HSC staff employed in Recruitment and Selection, Payroll and the Finance functions affected by Phase 1 of shared services relates to 614 personnel. It should be noted that this number assumes that 100% of the payroll staff and 100% of the recruitment and selection staff are affected, and that 80% Finance staff (Payments & Income) are affected.

2.7 Assessment of Impact on Staff

BSO has drawn on both quantitative and qualitative data when considering the equality implications of implementation of Shared Services. Each set of data was regarded as equally relevant, and included information from the following sources:

- Staffing profiles provided by HSC organisations through Human Resources Management System (HRMS). (Quantitative)
- Section 75 information provided by HR departments of individual organisations. (Quantitative)
- Discussion & feedback at shared services workshops with HR and Finance Directors, Assistant Directors, Senior Managers, Operational Managers from all HSC organisations. (Qualitative)
- Dialogue with Equality Staff in HSC organisations to get an understanding of issues involved. (Qualitative)
- Northern Ireland Statistics and Research Agency (NISRA). (Quantitative)
- 2001 Census of Population (Northern Ireland). (Quantitative)
- Secondary Sources accessed:

- *Workplace 2010 EQIA* – This EQIA considered how relocation of staff will impact on increased travel time and costs, new working environment, small businesses, local labour markets and potential employees.
- Department of Finance and Personnel *'e-HR' Programme EQIA (2006)* – This EQIA considered how establishing Shared Services in NICS will impact on staff.
- *Her Majesty's Revenue and Customs (HMRC) EQIA* on relocation and restructuring.
- *High-Level EQIA Transformation of Business Services in Health and Social Care (Shared Services), October 2008*

2.8 Assessment of Findings

Currently there is a total of 614 staff employed in Phase 1 functions (Payments & Income), Payroll - including Travel & Subsistence, Recruitment and Selection) as illustrated in Table 1.

Map 1 illustrates were the affected staff are currently based (i.e. 100% of recruitment and selection staff, 100% of payroll staff and 80% of payments and income staff).

Any requirement to move to an office some distance from the current one and/or changes to the work activity undertaken has the potential to cause an adverse differential impact. Table 3 enumerates, by Section 75 grouping, the affected staff.

Table 3: Impacted Staff by Section 75 data

Staffing Profile by Section 75 groups in Phase 1 of Shared Services		
Section 75 Group		**% Phase 1 Staff**
Gender	Male	22 %
	Female	78 %
Age	16-24	5 %
	25-34	28 %
	35-44	29 %
	45-54	26 %
	55-64	11 %
	65+	1 %
Religion	Protestant	41 %
	Roman Catholic	55 %
	Unknown/Other	4 %
Marital Status	Married /cohabiting /Civil Partnership	59 %
	Single	35 %
	Other/Unknown	6 %
Disability	Disabled	3 %
	Not Disabled	65 %
	Unknown	32 %
Dependant Status	Dependants	14 %
	No Dependants	12 %
	Unknown	74 %
Political Opinion	Unionists	6 %
	Nationalist	4 %
	Other/Unknown	90 %
Racial Group	White	85 %
	BME (Black & Minority Ethnic)	1 %
	Unknown	14 %
Sexual Orientation	Gay	0.2 %
	Lesbian	0.2 %
	Bisexual	0 %
	Heterosexual	23 %
	unknown	76.6 %

*** - Please note that data is incomplete for some of the Section 75 categories as not all HSC organisations currently collect data on Dependant Status, Political Opinion and Sexual Orientation; proxy measures have therefore been used where possible.*

Gender

Quantitative: As indicated in the Table above, 78% of the employees affected by the introduction of shared services are female. The percentage of female employees across each of the five HSC Trust geographical areas is broadly consistent, with the exception of the northern area where a slightly higher proportion of the workforce are female (86%).

Qualitative: At the Shared services workshops, the HR and Finance Directors and managers noted that the majority of staff in these functions are female and that a good proportion will be working part time and/or have caring responsibilities.

Secondary Sources: Previous EQIAs[5] have highlighted some key impacts for this group:

- Part-time workers (primarily female) experience adverse impacts due to:
    - Increased travel times and costs
    - when business needs dictates change in working patterns
    - when re-training is required (travel and residential)
- negative impacts on part-time workers (mostly female with dependants) who hold two jobs
- access to off-peak transport for part-time workers (mostly women)

The BSO will take due account of the fact that a proportion of the workforce has caring responsibilities. The BSO already has a range of flexible working policies for use by anyone affected by shared services in Phase 1.

Religion

[5] HMRC (2006) EQIA on Approach to Relocation and Restructure.
DFP (2006): Accounting Services Programme EqIA

Quantitative: 55% of the affected workforce is Roman Catholic, 41% Protestant with 4% not known. The western Trust area has a higher proportion of Roman Catholics (72%), and the northern Trust area a lowest proportion of Roman Catholics (38%)

Qualitative: The HR and Finance Directors and managers did not consider that implementation of shared services will have a significant impact as regards religious belief.

Secondary Sources: The EQIA of the location of civil service jobs carried out in 2002 concluded that one of the key issues in relocating NICS buildings is the need to ensure that any location is perceived as "religion neutral" so that people from both communities feel comfortable working there and travelling to and from the location.

BSO is currently of the opinion that the proposed service changes will not have any potential adverse/discriminatory effect on the grounds of religion and, by proxy, political opinion.

Political Opinion

Quantitative: returns from HSC organisations show the workforce comprises **6%** unionists, 4% nationalists and 90% unknown. BSO is of the opinion that this is not a clear representation of the HSC workforce as information on political opinion is not always collected by various HSC organisations (nor is it customarily divulged by employees), and therefore analysis by Trust area is not available for inclusion in this EQIA

Qualitative: The HR and Finance Directors and managers did not consider that the implementation of shared services will have a significant impact on the grounds of political opinion. They also suggested that proxy information such as religious affiliation is generally accepted as providing a reliable indication of a person's political opinion (for EQIA purposes).

Secondary Sources: *The Accounting Services Programme 2006* EQIA highlighted concerns that some staff may have in moving to less diverse locations, especially with regards to personal safety.

There is no evidence to suggest that the proposed service changes will have any significant impact for current staff on the grounds of political opinion as all potential sites are located in large towns which, in those terms, are considered neutral.

Racial Group

Quantitative: The racial group/ethnicity of the employees affected is 85% white, 1% Black and Minority Ethnic (BME) and 14% not known. There are no significant variations in the profile of racial group by Trust area.

Qualitative: The HR and Finance Directors and managers did not consider that the implementation of shared services will have any significant impact on the grounds of racial group.

Secondary Sources: *The Workplace 2010* and *e-HR Programme* EQIA concluded that, if relocated staff need to move house, this could have a differential effect on black and minority ethnic people, who tend to live in communities where they have the support of their family.

There is no evidence to suggest that the proposed service changes will have any significant impact for current staff on the ground of race/ethnicity as all potential sites are located in large towns which are considered neutral for these purposes also. Further, the number of black and minority ethnic staff needing to move house because of Shared Services is likely to be negligible. BSTP will listen carefully to feedback from this EQIA and any particular racial issues that are identified from this consultation when making decisions.

Disability

Quantitative: Available figures indicate that 3% of the affected employees have a disability. However, it is important to note that the prevalence of disability amongst HSC workforce may be underreported. The available figures indicate that the disability status of 32% of the affected group is unknown, on this basis an accurate profile of disability status by Trust area is not available for inclusion in this EQIA.

Qualitative: The HR and Finance Directors and managers in their view did not consider that the implementation of shared services will have any significant impact on grounds of disability

Secondary Sources: *Workplace 2010* and *Her Majesty's Revenue and Customs* EQIAs have highlighted that relocation may cause additional travel time and reiterated that accessibility of new location is critical (both in terms of public transport and car parking facilities). Furthermore, it may also cause negative impact if reasonable adjustments made by the current employer are not carried over to new locations.

There is no evidence to suggest that the proposed long-list of locations for shared services will have any significant impact for current staff on the grounds of disability, as BSO is committed to continuing with, or developing new, reasonable

adjustments for disabled employees and adhering to all its statutory and moral obligations for this group.

Age

Quantitative: 62% % of the staff affected by the implementation of shared services are aged 44 or under, and 38% are over 45 years of age. The exception to this is the weastern Trust area which has a higher proportion of staff under the age of 44 (73%).

Qualitative: The HR and Finance Directors and managers did not consider that the implementation of shared services will adversely impact on the grounds of age, with the possible exception of young female staff, who may have childcare responsibilities, and younger employees, who may rely more on public transport.

Secondary Sources: *Workplace 2010* and *Her Majesty Customs and Revenue* EQIAs have highlighted that:

- increase in travel time and cost may prompt older people to volunteer for early retirement.
- if changes in work activity take place younger people may be disadvantaged if specific experience is required for new roles.
- young people have less access to private transport.
- young people tend to earn less, thus there may be a negative impact if there is a loss of onsite free car parking. Additional travel costs also have greater effect on young people's finances.

BSO will draw on the output of the consultation exercise to seek views in respect of the long-list of shared service accommodation options. These options (once agreed) will be reviewed to assess any impact on age.

Marital Status

Quantitative: Available figures indicate that 59% of the staff affected by the proposed changes are either married, co-habiting or in civil partnerships, while 6% are unknown. The exception to this is the northern Trust area where 71% of the affected staff are married, co-habiting or in civil partnerships

Qualitative: The HR and Finance Directors and managers did not consider that implementation of shared services will have any significant impact on grounds of marital status.

Secondary Sources: No specific points regarding marital status were derived from the available research.

There is no evidence to suggest that the proposed service changes will have any significant impact for current staff on the ground of marital status. BSTP will take on board feedback from this EQIA and any particular marital status issues that are identified from this consultation when making decisions.

Dependency Status –

Quantitative: HSC organisations generally do not collect figures on the dependency status of its employees. The information available suggests that 14% have dependants but leaves 74% as 'unknown'. BSO is of the opinion that these figuress are not representative of the workforce in question, and on that basis analysis by Trust geographical area has not been included in this EQIA.

Qualitative: The HR and Finance Directors and managers noted the fact that the majority of the impacted workforce will be younger female members of staff who have caring responsibilities.

Secondary Sources: The 2001 Census shows that women are more likely to be carers than men.[6] Further, *Workplace 2010* and *Her Majesty's Revenue and Customs* EQIAs have drawn attention to:

- increases in travel time which may mean additional care costs and difficulties in balancing work/life balance (e.g. longer working day, doing school run)
- potential negative impacts of changes in facilities (if less local childcare available)
- negative impacts if changes in work patterns are needed
- negative impacts if needs are not taken on board where re-training is necessary (which could include residential and full day training courses)
- need to work near home in case of an emergency
- negative impact on part-time workers (mostly female with dependants) who have two jobs
- negative impacts on part-time workers (mostly female with dependants) when onsite free car parking is lost

BSO recognises the link between gender issues and dependants as women are, statistically speaking, much more likely than men to have dependants or caring responsibilities. BSO will listen carefully to feedback from this EQIA and any particular dependency status issues that are identified from this consultation when making decisions.

Sexual Orientation

[6] www.carersonline.org.uk – Facts about Carers 2004.

Quantitative: The HSC organisations generally do not collect information regarding sexual orientation. Information provided in returns reveals that 0.4% of the impacted staff are recorded as gay or lesbian, while over 76% are recorded as 'unknown'. Given the high proportion of 'unknown' recorded in the information provided, analysis by Trust geographical area has not been included in this EQIA.

Qualitative: The HR and Finance Directors and managers did not consider that implementation of shared services will have any significant impact for staff on the grounds of sexual orientation.

Secondary Sources:

A key issue in Northern Ireland, as elsewhere, is the lack of quantitative data in general, and reliable quantitative data in particular, on Lesbian, Bisexual, Heterosexual and Transgender populations. The 2001 Northern Ireland Life and Times Survey included a question in the classification section which asked respondents (through the use of a concealed response show card) whether they were gay or lesbian, heterosexual, or bi-sexual. The results indicated that 1% of people identified themselves as gay or lesbian; 95% identified themselves as heterosexual or straight; 0% as bisexual; and around 4% refused to answer the question.[7]

In contrast, a recent briefing produced by Diversity Matters has suggested that the Kinsey statistic of 1 in 10 people within any population being lesbians and gay men is likely to be a representative proportion of the population as a whole.

[7] (NILTS Research Update, No 7, June 2001, 'Men in the Mirror'). Page **7** OFMDFM Equality Directorate http://www.ofmdfmni.gov.uk/orientation.pdf

Regardless of the true figure, Workplace 2010, ASP 2006 and HMRC EQIAs have highlighted that:

- Staff may feel anxious in relation to attitudes of new colleagues and line managers (concerns about not feeling comfortable to advise new colleagues/line manager of sexual orientation)
- particular concerns if moved to a less diverse office/location; may not provide the same networks/support/facilities
- access routes to new locations might lead through hostile neighbourhoods
- difficulties in putting forward personal reasons when asked to do so in the process of determining 'reasonable' travelling distance

BSO acknowledges that quantitative data may be unreliable in relation to sexual orientation. However, it is of the opinion that the implementation of shared services will not have any significant impact on affected employees as a result of their sexual orientation. BSTP will listen carefully to feedback from this EQIA and any particular sexual orientation issues that are identified from this consultation when making decisions.

2.9 Mitigation of Adverse Impact on current staff

Arising from the assessment of findings outlined above, BSO recognises that the policy aim and proposed locations of shared services may have the potential to impact on current staff on the grounds of age, gender and dependency (BSO is particularly mindful of those with caring responsibilities).

As part of mitigation of adverse impact on current staff, the current clustering of affected staff has been taken into consideration when considering potential locations. This issue was deliberated at length at the shared services workshops. Attendees at the workshops highlighted that, from their experience of the Review of Public Administration (RPA), a proportion of staff may prefer to stay in their

current location and retrain for other roles rather than move with their existing role. This is particularly the case for female carers.

The BSO has a range of flexible working practices which will assist in the mitigation of these issues. In addition, where staff are relocated there are the contractual entitlements to excess travel arrangements to mitigate the impact on individuals

In order to effect the proposed service changes outlined in this consultative document, BSO has established a Human Resources Group which includes representation from all affected organisations and trade union representatives. The Group is developing a HR Framework to ensure that robust, fair and agreed human resources processes are in place to manage staffing changes. This Group will draw on the experience of RPA and its underpinning HR Framework as it develops the HR policy for shared services.

It should also be noted that all change will be taken forward through partnership approaches and in consultation and negotiation with trade unions. The well established principles of fairness, dignity and equality will be applied in the management of staff issues associated with this organisational change process.

HR processes will be applied consistently and transparently, and BSO will be mindful of the need to implement the finally agreed changes without compromising quality of service.

2.10 Assessment on Impact on (a) general public (including potential future applicants for HSC posts), (b) local economies and labour markets.

(a) General Public - it is anticipated that shared services will not have any adverse impact on the general public as the defined functions in Phase 1 are corporate functions (i.e. 'internal' to HSC organisations) rather than public-facing. On the

other hand, since shared services is designed to transform the way the HSC delivers business services and increase the efficiency and effectiveness with which these services are delivered, it will have a beneficial effect on the population of Northern Ireland in terms of diverting resources into frontline care.

Potential Future Applicants - With regards to potential applicants for HSC posts, the 2002 DFP EQIA found that location of jobs is a significant factor for potential applicants. The relocation of certain HSC functions may have a positive effect on the attractiveness of HSC jobs and may therefore affect the composition of future applicants for posts. However, this is only one of a wide range of factors affecting the composition of the HSC workforce.

(b) Local Economies and Labour Markets – As the HSC is **the** major employer in Northern Ireland, the location of HSC jobs can have a significant effect on the local economy. An EQIA carried out by DFP in 2002, which looked at potential impacts of locating Northern Ireland Civil Service posts, found that public sector jobs bring economic benefits to the immediate areas in which they are located. Any relocation of jobs might therefore have an adverse effect on the local economy of the areas where the jobs were previously located. This will be assessed when the final decision on locations for shared services are known.

Appendix 3 (A) provides an analysis of labour markets and local economies for the identified long-list of potential shared service locations.

3 CONCLUSION

On the basis of an accommodation search, taking cognisance of the shared service model, the analysis contained in this initial EQIA and the mitigating factors identified, BSTP has identified the following long-list of potential shared services locations (in alphabetical order):

- Longstone and St Luke's site in **Armagh**
- Braid Valley Hospital site in **Ballymena**
- College St and Everton Complex in **Belfast**
- Downshire Hospital site in **Downpatrick**
- Gransha site in **Londonderry**
- Tyrone and Fermanagh Hospital site in **Omagh**

Section 3 of the consultation document which accompanies this initial EQIA outlines how the analysis of the long-list of accommodations was undertaken.

The preferred option is one which draws upon the availability of existing staff with appropriate skills combined with value for money. On this basis Option 1 is the proposed best fit. Under this option, Payroll would be located in Belfast (College St), Recruitment and Selection in Armagh (St Luke's site), the payments function of finance in Ballymena (Braid Valley site), and the income function of finance in Omagh (Tyrone and Fermanagh Hospital site). This option generates a capital cost of £3.9m and running costs per annum of £278,390.

Question 9 – Do you agree with the 'impact on staff' as outlined in the EQIA?

Question 10 – Do you think that any of the potential shared service accommodations will impact negatively on any of the Section 75 groups?

4 CONSULTATION

The public consultation on BSTP Shared Services will open on 7 December 2011 and close on 29 February 2012. We strongly encourage online consultation responses.

You can respond by accessing the following link:

http://www.dhsspsni.gov.uk/index/consultations/current_consultations.htm

OR

via the BSTP website at: https.//www.bstp.hscni.net.

Alternatively, any group or individual wishing to participate is invited to obtain a copy of the consultation document or by contacting our programme office:

Business Services Transformation Programme,
Beeches Management Centre,
Hampton Manor Drive,
Belfast - BT7 3EN
Tel: (028) 9064 4811 ext:433
Email: bstp.info@beeches.hscni.net

Before you submit your response, please read Appendix 2 regarding the Freedom of Information Act 2000 and the confidentiality of responses to public consultation exercises.

Following the public consultation period and consideration of the findings from the consultation the Minister for Health, Social Services and Public Safety will reach a decision in terms of the EQIA process and the final location of shared services functions. The BSO will publish the results and will have lead responsibility (via the BSTP) for implementation of the recommendations.

4.1 Publication of Results

The outcomes of this EQIA will be posted on BSTP website http://www.bstp.hscni.net and will be available in different formats on request where appropriate (please contact the Programme Office at the address above for a copy of the same)

4.2 Monitoring

In keeping with the Equality Commission's guidelines governing EQIA, BSO will put in place a monitoring strategy to monitor the impact of the implementation of shared services on the relevant groups and sub groups within the equality categories. BSO will publish the results of this monitoring and include the same in its annual progress report to the Equality Commission for NI.

If the monitoring and analysis of results over a two-year period show that the impact of this proposal results in greater adverse impact than predicted, or if opportunities arise which would allow for greater equality of opportunity to be promoted, BSO will ensure that measures are taken to achieve better outcomes for the relevant equality groups.

REFERENCES

Her Majesty's Revenue and Customs (2006) EQIA on Approach to Relocation and Restructure.

Department of Finance and Personnel (2006): e-HR programme EqIA

Department of Finance and Personnel (2010): Workplace 2010 EqIA

http://www.carersonline.org.uk

http://www.ofmdfmni.gov.uk

http://www.dhsspsni.gov.uk

http://www.ninis.nisra.gov.uk

Appendix 3(A) - Socio-economic profiling of long list of Potential Shared Services Accommodations - DEMOGRAPHY

Comparisons	NI	LGD	LGD	LGD	LGD	LGD	LGD
	NI	Omagh	Ballymena	Belfast	Armagh	Downpatrick	Londonderry
Resident population	1685267	47952	58610	277391	54263	63828	105066
Persons under 16 years old (%)	23.6	25.9	22.0	21.7	25.1	24.9	26.8
Persons aged 60 and over (%)	17.6	15.4	19.3	19.7	16.6	17.0	13.6
Males (%)	48.7	50.1	48.7	46.8	49.6	49.5	48.7
Females (%)	51.3	49.9	51.3	53.2	50.4	50.5	51.3
Catholic community background (%)	43.8	69.1	21.0	47.2	48.7	61.9	75.4
Protestant and other Christian community background (%)	53.1	29.7	76.3	48.6	50.0	35.5	23.2
Persons aged 16 and over single (never married) (%)	33.1	35.8	29.3	41.3	32.3	32.4	37.9
Average age of population	35.8	34.1	37.4	36.6	35.0	35.4	32.8
Population density (persons per hectare)	1.19	0.42	0.93	24.15	0.81	0.99	2.71
Mid Year Population Estimate (2008)	1775003	52115	62738	268323	58173	69816	109097
Population Projection (2006 based) (2021)	1921588	59420	68540	249834	67850	80194	114983
Health Card Registrations from Non-UK Nationals (2008)	15350	486	688	4082	514	288	598
Home Office Work Permits (2008/09)	1420	50	55	385	125	30	65
A8 Nationals Registrations on Worker Registration Scheme (2008/09)	4815	191	419	814	256	102	74
National Insurance Number Allocations to non-UK residents (2005/06)	15614	339	611	4705	559	195	452
A8 Nationals Stock Population Estimate (2007)	30000	1200	1600	5000	1200	600	600
Migrant Workers Social Housing Applications Estimate (2007/08)	1055	25	15	210	75	5	20
School Census primary pupils with English as an Additional Language (2008)	4311	160	156	807	147	79	164
School Census post primary pupils with English as an Additional Language (2008)	2142	68	70	469	89	47	42

From the table above it is evident that Belfast is the largest LGD of those identified and Omagh is the smallest in terms of resident population.

CRIME

Comparisons	NI	LGD	LGD	LGD	LGD	LGD	LGD
	NI	Omagh	Ballymena	Belfast	Armagh	Downpatrick	Londonderry
Total number of offences recorded (2008)	110094	2458	3602	31186	2659	3974	7630
Burglary rate per 10,000 population (2008)	70.3	37.8	62.6	130.1	56.0	108.3	56.9
Theft rate per 10,000 population (2008)	147.8	112.1	126.6	303.5	106.2	118.9	152.8
Criminal damage rate per 10,000 population (2008)	160.1	101.1	153.5	287.1	121.5	140.9	191.3
Violent crimes rate per 10,000 population (2008)	184.2	166.6	173.1	340.0	120.8	158.7	254.0
Number of anti-social behaviour incidents (2008)	87159	1685	2568	20746	2112	2864	5738
Number of hate incidents (racist motivated) recorded (2008)	990	17	3	369	5	12	42
Number of hate incidents (sectarian motivated) recorded (2008)	1595	18	15	849	35	34	19
Number of hate incidents (homophobic motivated) recorded (2008)	179	3	1	74	1	3	2
Number of domestic abuse motivated incidents recorded (2008)	23076	728	601	5969	535	674	1742
Number of people (all persons) sentenced (2006)	26363	1186	779	4833	871	798	1837

From the table above it is evident that Belfast LGD has the highest crime rate of each location, with Omagh and Armagh having the lowest crime rates (for theft and burglary).

EDUCATION & TRAINING

Comparisons	NI	LGD	LGD	LGD	LGD	LGD	LGD
	NI	Omagh	Ballymena	Belfast	Armagh	Downpatrick	Londonderry
Adults aged 16 to 74 years with degree level or higher qualifications (%)	15.8	14.4	14.0	19.2	13.6	16.0	15.1
Adults aged 16 to 74 years with no/low levels of qualifications (%)	58.9	61.3	60.8	56.6	60.7	56.3	60.9
Primary pupils who achieved the expected levels in Key Stage 2 (KS2) Maths (%) (2008)	80.6	85.4	83.9	74.4	85.8	81.1	77.2
Primary pupils who achieved the expected levels in Key Stage 2 (KS2) English (%) (2008)	78.8	82.9	79.3	72.8	83.4	80.5	77.1
Primary pupils who achieved the expected levels in Key Stage 2 (KS2) Maths in most disadvantaged schools (%) (2008)	70.1	73.1	66.0	64.2	74.8	75.6	72.5
Primary pupils who achieved the expected levels in Key Stage 2 (KS2) English in most disadvantaged schools (%) (2008)	67.7	73.1	56.3	61.9	78.2	73.5	74.2
Post primary Year 12 pupils who achieved no GCSEs (%) (2007)	2.1	1.5	2.4	2.4	1.2	1.3	2.6
Post primary Year 12 pupils who achieved no GCSEs in most disadvantaged post primary schools (%) (2007)	4.8	2.5	27.4	5.5	0.0	1.4	4.2
School leavers who achieved at least 5 or more GCSEs at grade C and above (%) (2008)	66.9	73.4	65.4	60.8	70.2	71.2	64.3
Higher Education enrolments (2008)	62300	2075	1980	9195	2090	2360	4550
Further Education enrolments (2008)	142100	5073	3944	22230	6145	5959	8659
Post-primary school population (pupil residence) categorised as Statemented or with Special Education Needs (SEN) stage 1 to 4 (%) (2009)	14.9	14.8	10.5	24.7	12.8	14.2	17.2
Raw prevalence of patients (per 1,000) on the Learning Disabilities Register aged 18 plus (2009)	4.87	5.20	4.26	3.88	7.07	5.51	4.73
Post-primary school population (pupil residence) with Free School Meals Entitlement (%) (2009)	16.5	16.6	10.7	26.7	12.4	13.1	29.5

From the table above it is evident that Belfast LGD has the highest percentage of adults with higher level qualifications, followed by Downpatrick, with Armagh having the lowest.

EMPLOYMENT, ECONOMIC ACTIVITY & SOCIAL WELFARE

Comparisons	NI	LGD	LGD	LGD	LGD	LGD	LGD
	NI	Omagh	Ballymena	Belfast	Armagh	Downpatrick	Londonderry
Adults aged 16 to 74 years economically active (%)	62.3	61.2	66.4	56.9	62.9	64.7	57.1
Adults aged 16 to 74 years economically inactive (%)	37.7	38.8	33.6	43.1	37.1	35.3	42.9
Adults aged 16 to 74 years unemployed (%)	4.1	4.7	3.1	5.4	3.6	3.7	6.8
Unemployed adults aged 16 to 74 years - long term unemployed (% of total unemployed)	40.4	40.9	36.4	42.6	45.2	35.0	45.3
Total confirmed redundancies (2008)	2777	14	28	306	10	0	297
Incapacity Benefit recipients 16-59/64 (%) (2008)	6.0	6.8	5.2	6.8	6.2	5.7	7.4
Housing Benefit claimants 16 and over (%) (2008)	9.2	8.3	7.2	15.6	6.6	7.3	15.3
Income Support claimants 16-59 (%) (2008)	9.0	9.1	6.3	15.1	6.8	7.5	15.6
Adults in Income Support households (%) (2008)	10.1	10.6	7.1	16.4	7.9	8.5	17.4
Children in Income Support households (%) (2008)	20.0	17.8	14.3	36.0	14.2	15.9	35.9

From the table above it is evident that Ballymena has the highest proportion of economically active adults, with Belfast having the highest proportion of economically inactive adults. Belfast has the highest rate of unemployment and Armagh has the highest rate of long term unemployment. Belfast also has the highest proportion of adults on income support.

DEPRIVATION

LGD Scores and Ranks (NIMDM 2010)	OMAGH LGD Rank	BALLYMENA LGD Rank	BELFAST LGD Rank	ARMAGH LGD Rank	DOWNPATRICK LGD Rank	LONDOND ERRY LGD Rank
Extent (%)	*17*	*11*	*1*	*19*	*16*	*3*
Income Scale	*13*	*15*	*1*	*14*	*7*	*2*
Employment Scale	*10*	*16*	*1*	*11*	*6*	*2*
Percentage of total population income deprived	*8*	*20*	*3*	*15*	*14*	*1*
Percentage of working age population employment deprived	*8*	*23*	*3*	*11*	*13*	*2*

[*Ranks range from 1 (most deprived LGD) to 26 (least deprived LGD)*]

From the table above it is evident that Belfast is the most deprived LGD.

HEALTH & CARE

Comparisons	NI	LGD	LGD	LGD	LGD	LGD	LGD
	NI	Omagh	Ballymena	Belfast	Armagh	Downpatrick	Londonderry
People with limiting long-term illness (%)	*20.4*	*20.4*	*17.7*	*24.2*	*19.3*	*19.0*	*21.6*
People stated their health was good (%)	*70.0*	*71.4*	*72.6*	*65.8*	*71.6*	*72.1*	*69.8*
People provided unpaid care to family, friends, neighbours or others (%)	*11.0*	*10.0*	*9.7*	*11.8*	*10.4*	*11.0*	*10.6*
Life expectancy males (2005-2007)	*76.2*	*75.5*	*77.8*	*73.5*	*76.4*	*77.6*	*74.5*
Life expectancy females (2005-2007)	*81.2*	*81.5*	*82.6*	*79.6*	*81.8*	*80.9*	*79.7*
Deaths due to malignant neoplasms (%) (2008)	*26.6*	*25.5*	*24.5*	*27.7*	*25.5*	*24.5*	*24.4*
Deaths due to circulatory disease (%) (2008)	*31.9*	*36.2*	*34.3*	*30.1*	*32.6*	*32.4*	*30.2*
Deaths due to respiratory disease (%) (2008)	*14.1*	*12.2*	*13.6*	*14.2*	*12.3*	*12.9*	*17.1*

Standardised death rate for males under 75 (2003-2007)	*418.3*	*391.8*	*369.4*	*547.1*	*402.3*	*377.8*	*495.0*
Standardised death rate due to cancer for males under 75 (2003-2007)	*138.7*	*116.4*	*112.4*	*175.6*	*120.3*	*135.5*	*151.7*
Standardised death rate due to respiratory disease for males under 75 (2003-2007)	*34.4*	*33.5*	*36.2*	*46.4*	*35.1*	*29.0*	*39.9*
Standardised death rate due to circulatory disease for males under 75 (2003-2007)	*126.5*	*113.2*	*108.2*	*156.5*	*117.9*	*106.8*	*145.4*
Standardised death rate for females under 75 (2003-2007)	*271.7*	*242.0*	*233.9*	*337.8*	*238.6*	*265.3*	*326.3*
Standardised death rate due to cancer for females under 75 (2003-2007)	*116.1*	*107.5*	*95.1*	*136.0*	*98.4*	*113.8*	*131.6*
Standardised death rate due to respiratory disease for females under 75 (2003-2007)	*25.2*	*17.5*	*23.4*	*34.6*	*16.6*	*21.3*	*36.2*
Standardised death rate due to circulatory disease for females under 75 (2003-2007)	*63.8*	*54.9*	*51.2*	*77.4*	*52.6*	*69.6*	*81.0*
Deaths due to suicide/undetermined intent (2008)	*282*	*8*	*6*	*63*	*19*	*8*	*20*
Alcohol-related deaths (2008)	*276*	*6*	*7*	*69*	*5*	*11*	*18*
Drug-related deaths (2008)	*89*	*0*	*5*	*30*	*1*	*3*	*6*
Obesity-related deaths (2004-2008)	*23*	*1*	*0*	*5*	*0*	*3*	*0*
Raw prevalence of patients (per 1,000) on the Obesity Register aged 16 plus (2009)	*112.66*	*121.04*	*117.92*	*102.68*	*104.92*	*103.56*	*114.92*
Number of people who had self-reported they had successfully quit smoking at 4 weeks (%) (2008)	*51.1*	*52.1*	*47.2*	*47.0*	*55.3*	*49.5*	*50.2*

Newly diagnosed cancer cases (2007)	*7725*	*196*	*247*	*1344*	*249*	*250*	*391*
Childhood immunisation uptake for MMR (%) (2007)	*94.6*	*95.7*	*97.9*	*92.5*	*92.8*	*95.0*	*97.2*

From the table above it is evident that Belfast has the highest instance of long term illness.

HOUSING

Comparisons	**NI**	**LGD**	**LGD**	**LGD**	**LGD**	**LGD**	**LGD**
	NI	**Omagh**	**Ballymena**	**Belfast**	**Armagh**	**Downpatrick**	**Londonderry**
Number of households	*626718*	*16123*	*22059*	*113934*	*18471*	*22329*	*35947*
Average household size	*2.7*	*2.9*	*2.6*	*2.4*	*2.9*	*2.8*	*2.9*
Households owner occupied (%)	*69.6*	*72.0*	*74.2*	*56.1*	*76.9*	*73.6*	*61.3*
Households rented (%)	*30.4*	*28.0*	*25.8*	*43.9*	*23.1*	*26.4*	*38.7*
Households owned outright (%)	*29.4*	*38.0*	*33.8*	*24.0*	*36.9*	*32.7*	*20.9*
Lone pensioner households (%)	*12.8*	*11.7*	*12.2*	*15.8*	*12.4*	*11.9*	*9.5*
Lone parent households with dependent children households (%)	*8.1*	*7.6*	*6.6*	*11.0*	*6.4*	*7.3*	*12.7*
Households without central heating or without sole use of bath /shower/toilet or without both (%)	*5.3*	*6.6*	*6.7*	*5.0*	*6.4*	*6.2*	*3.6*
Housing occupancy rating -1 or less (%) *	*7.3*	*8.3*	*5.0*	*9.9*	*6.8*	*7.5*	*11.4*
Homes assessed as unfit (%) (2006)	*3.4*	*4.9*	*3.0*	*5.3*	*4.5*	*2.7*	*2.6*
Homes in fuel poverty (%) (2006)	*34.2*	*33.9*	*34.8*	*38.5*	*37.1*	*30.5*	*30.0*
Homes had a Standard Assessment Procedure rating of less than 20 (%) (2006)	*6.8*	*8.3*	*12.8*	*2.9*	*10.1*	*4.8*	*13.7*
Homes dependent on solid fuel or electricity as a source of heating (%) (2006)	*9.9*	*7.1*	*8.6*	*8.9*	*12.2*	*10.2*	*11.7*
Projected households (2021)	*798300*	*23400*	*28500*	*116100*	*25500*	*31500*	*46300*
Projected average household size (2021)	*2.4*	*2.5*	*2.4*	*2.1*	*2.6*	*2.5*	*2.4*
Number of domestic properties (2008)	*716699*	*19173*	*24876*	*122405*	*21993*	*26633*	*41125*
Total new house sales (2009)	*2185*	*46*	*52*	*181*	*61*	*331*	*123*
Average new house price (Â£) (2009)	*183229*	*180863*	*190173*	*191786*	*140899*	*199859*	*174149*
Average capital value of domestic property	*113337*	*100568*	*111278*	*116102*	*111077*	*121984*	*97477*

(Â£) (2008)							
New dwelling starts to Housing Association (%) (2009)	*13.6*	*0.0*	*1.4*	*37.9*	*2.1*	*3.7*	*45.9*
Average rates bill (Â£) (2009)	*724*	*696*	*740*	*705*	*762*	*801*	*690*
Planning applications decided (2008)	*24637*	*1208*	*894*	*2512*	*987*	*978*	*878*
Planning applications approved (%) (2008)	*94.2*	*95.0*	*96.4*	*91.3*	*96.6*	*93.3*	*88.6*

*The occupancy rating provides a measure of under occupancy and overcrowding. For example, a value of -1 implies there is one room too few and there is overcrowding in the household. The occupancy rating assumes that every household, including one person households, requires a minimum of two common rooms (excluding bathrooms).
From the table above it is evident that Armagh has the highest proportion of owner occupied houses

TRANSPORT

Comparisons	**NI**	**LGD**	**LGD**	**LGD**	**LGD**	**LGD**	**LGD**
	NI	**Omagh**	**Ballymena**	**Belfast**	**Armagh**	**Downpatrick**	**Londonderry**
Persons aged 16-74 in employment usually travelled to work by car or van (%)	*70.6*	*70.7*	*76.1*	*57.0*	*74.4*	*73.5*	*69.5*
Households with access to a car or van (%)	*73.7*	*79.4*	*78.8*	*56.2*	*82.0*	*80.9*	*67.5*
Cars registered to a disabled driver or for transporting disabled people (2006) (%)	*8.3*	*9.3*	*4.8*	*11.8*	*7.5*	*8.3*	*13.0*
Road traffic collisions (2008)	*6223*	*186*	*219*	*1478*	*172*	*224*	*328*
Traffic casualties rate (per 10,000 population) (2008)	*53.8*	*51.6*	*53.6*	*81.3*	*45.2*	*50.4*	*52.4*
Noise complaints (2007)	*11923*	*172*	*266*	*5756*	*235*	*306*	*416*
Household waste recycled and composted (%) (2008)	*31.9*	*38.1*	*26.5*	*23.2*	*37.3*	*31.6*	*31.9*
Municipal waste recycled and composted (%) (2008)	*28.8*	*32.5*	*24.9*	*20.7*	*38.6*	*26.0*	*28.3*

From the table above it is evident that Belfast has the lowest proportion of people with access to personal transport in the form of a van or car.