

Rural Needs Impact Assessment

Section 1: Define activity subject to Section 1(1) of Rural Needs Act (NI) 2016

1A. Short title describing activity being undertaken that is subject to Section 1(1) of the Rural Needs Act (NI) 2016:

The procurement of a range of advocacy services across the Southern Health & Social Care Trust (The Trust) area.

1B. Are you Developing, Adopting, Implementing or Revising a Policy a Strategy or a Plan? (Underline or Circle) Or are you delivering or designing a public service? (Underline or Circle)

Existing contracts:

- Adults in receipt of mental health services (Expires 30/06/21)
- Carers of adults in receipt of mental health services (Expires 30/06/21)
- Adults with a learning disability (Expires 30/06/21)
- Adults with a physical and or sensory disability (Expires 30/06/21)
- Advocacy for young people aged 16+ transitioning to adult services (Expires 30/06/21)*

* To enhance service provision advocacy services for young people aged 16+ transitioning to adult services will be delivered via the same contract for adult services going forward as per the detail below.

Planned Contracts:

- Adults in receipt of mental health services and young people aged 17.5+ transitioning to adult mental health services
- Carers of adults in receipt of mental health services
- Adults with a learning disability and young people aged 16+ transitioning to adult learning disability services
- Adults with a physical and or sensory disability and young people aged 16+ transitioning to physical and or sensory disability adult services

While it is the intention of the Trust to award new contracts to Providers for the delivery of services from 1 July 2021, given the current COVID-19 pandemic and the potential need to re-prioritise work activity, an extension may be required to the existing contracts arrangements until the procurement activity is complete.

1D. What definition of 'rural' is the Trust using in respect of the Policy, Strategy, Plan or Public Service:

For the purposes of this exercise rural is defined as 'those settlements with fewer than 5,000 residents together with the open countryside'.

Northern Ireland is a region that is composed of a range of settlement structures. These range from cities such as Belfast and Londonderry through to much smaller settlements of less than 5,000 people, the level that is relevant for consideration under rural needs impact assessment screening (Band F, intermediate settlements, Band G, villages and Band H, open countryside).

According to the most recent population census taken in 2011, 644,087 people lived in rural areas in Northern Ireland, which equated to 36% of the population (see Table 1 below), and a further 79,052 resided in mixed urban/rural areas (approximately 4% of the population in 2011). The census findings also show that 14% of rural areas are more than 20 minutes from a settlement with a population of 10,000 or more, and 13% are more than 60 minutes from Belfast.

Table 1: Census 2011 Population Statistics

	%	Number
Mixed urban/rural	4%	79052
All rural	36%	644087
Rural <=20 mins from settlement ¹	21%	383224
Rural >20 mins from settlement ¹	14%	260863
Rural <=60mins from Belfast	23%	410184
Rural >60mins from Belfast	13%	233903
Urban	60%	1087724
Total	100%	1810863

¹ Settlement with a population of 10,000 or more

Source: <https://www.daera-ni.gov.uk/topics/statistics/rural-statistics>

As per the 2011 Census, the Trust had a population of 358,034 of which 147,289 (41%) people lived in a rural area. There were 46 rural Super Output Areas (SOA's) within the Trust. Five of which have a population of less than 3,000: CARRIGATUKE – 2440; GILFORD - 2552; KEADY – 1795; KILLYLEA – 2474; QUILLY – 2432.

The Northern Ireland Multiple Deprivation Measure (2017) findings illustrate that 3 of the rural areas served by the Trust are ranked amongst the top 100 most deprived SOAs: CROSSMAGLEN (57), FORKHILL (100) and SILVER BRIDGE (94).

Two domains identified as sub sets relevant to rural needs impact assessment screening were health deprivation and disability and access to services:

- In relation to health deprivation and disability, none of the rural areas served by the Trust were ranked amongst the top 100; BESSBROOK was ranked the highest at 128.
- In relation to Access to Services, there are 24 rural areas served by the Trust that rank amongst the top 100 most deprived Super Output Areas (SOAs): BALLYWARD being the 4th highest ranking and CARRIGATUKE ranking 100th.

2E. Please explain why the Policy, Strategy, Plan or Public Service is NOT likely to impact on people in rural areas.

Advocacy service Providers will:

- Deliver services from appropriate facilities that are accessible to Service Users across each of the Trust geographical areas:
 - o ARMAGH / DUNGANNON
 - o CRAIGAVON / BANBRIDGE
 - o NEWRY / MOURNE
- Take into account the rural nature of each geographical area (e.g. The NEWRY and MOURNE area is primarily rural in nature and there is a heavy dependence on road transport).
- Ensure equity of access to services for those living in both rural and urban locations.

The Provider must be able to deliver services from appropriate non-Trust facilities. These facilities must be accessible to Service Users across the Trust area, in line with Service User choice of location and at neutral venues.

Services will reflect the principles and standards detailed in the 'Developing Advocacy Services – A Policy Guide for Commissioners' (May 2012) developed by DHSSPS e.g.

Principle 5: Accessibility

- Standard 5.1 – The advocacy service reaches out to the widest possible range of people who may require the services of an advocate, regardless of ability or life circumstances and actively seeks out those that are most vulnerable or at risk of being excluded.
- Standard 5.2 - The advocacy service aims to ensure that its premises, policies, procedures and publicity materials promote access for the whole community.

It is expected that this will have a positive impact on addressing rural need.

Section 6: Documentation:

6A. Please tick below to confirm that the RNIA Template will be retained by the Trust and relevant information on the Section 1 activity compiled in accordance with paragraph 6.7 of the guidance.

I confirm that the RNIA Template will be retained and relevant information compiled.

Rural Needs Impact Assessment undertaken by:

Carla Kelly (Completed on behalf of the Contract Adjudication Group – Adrian Cluett, Stephen Dunne, Noreen McComiskey and Tracy Rogers).

Job Title/Directorate

Contracts Manager

Signature:

Carla Kelly

Date:

10/2/21

Approved by:

Janet McConville

Job Title/Directorate

Assisting Director of Corporate Parenting

Signature:

Janet McConville

Date:

16/2/21