Health and Social Care

Equality, Good Relations and Human Rights Screening Template

Completed Screening Templates are public documents and will be posted on the Trust's website

See Guidance Notes for further background information on the relevant legislation and for help in answering the questions on this template (follow the links).

(1) Information about the Policy/Proposal

(1.1) Name of the policy/proposal

To reduce the use of private non-emergency ambulance transport

(1.2) Is this a new, existing or revised policy/proposal?

Proposal 14 – NHSCT Savings Plan 2017/2018

This is a new proposal for the Northern Health and Social Care Trust and is part of a range of proposals put forward in order to achieve a balance financial plan in 2017/18.

Background/Context

The Health and Social Care (HSC) system has been working collaboratively to address the significant financial pressures facing health and social care in 2017/18 in order to meet the statutory requirement of achieving a balanced financial plan across the HSC. This is in line with other statutory responsibilities to provide high quality HSC services. HSC Trusts have been tasked by the Department of Health (DoH) with developing draft savings plans to deliver their share of a total of £70m of savings in 2017/18 and it is imperative that the full £70m of savings are achieved as part of the overall financial plan for this year.

As directed by DoH, the Northern Health and Social Care Trust (NHSCT) has publicly consulted on the proposals in the savings plan from 24 August 2017 – 5 October 2017 in line with the Department's policy guidance circular: Change or Withdrawal of Services – Guidance on roles and responsibilities, dated 26 November 2014. In order to fully inform the public about all savings options under consideration the consultation document included information on the totality of the savings plan for the Northern area which amounts to £13m.

The Trust carried out an initial Section 75 assessment of the temporary proposals in its 2017/18 Savings Plan by applying the four Section 75 screening questions. Based on the information available, this initial assessment determined if the proposals would have Major/Minor/Little or No Impact. The outcome of this assessment was provided as an

appendix to the consultation document. The Trust also committed to more thorough and comprehensive Section 75 assessments on the temporary proposals during the six week consultation period. Proposals identified as having a potential minor impact on people in one or more of the Section 75 categories were subjected to a more thorough Section 75 assessment which includes an assessment of the impact on both service users/patients and staff if the proposal were to be implemented.

This Section 75 screening of the proposal to reduce the use of private non-emergency ambulance transport has been prepared by the Trust and has been informed by the feedback received during initial consultation period.

Draft Section 75 screenings on the proposals identified as having a minor impact will be tabled at the extraordinary public Trust Board meeting on Friday 13 October 2017, then at the Board of the Health and Social Care Board for onward submission to the Department of Health for final decision.

(1.3) What is it trying to achieve (intended aims/outcomes)?

This proposal aims to reduce the use of private transport for patients leaving hospital, going home or going to nursing home or community hospital and to further liaise with Northern Ireland Ambulance Service (NIAS) to best manage their available capacity, to make savings in the region of £200,000.

Causeway and Antrim Hospitals used private ambulances to transfer their patients for the following reasons in **August 2017**:

	Causeway	Antrim	Community Hospitals	Mental Health
Transfer to other hospitals for specialist assessment and diagnostics	52% (n=61)	24% (n=21)	92% (n=11)	100% (n=3)
Discharge to Private Nursing Homes /Community Hospitals	36% (n=42)	53% (n=47)	8% (n=1)	
Discharge to patients home address	12% (n=14)	24% (n=21)	0%	

It is proposed that there is a predicted spend of £650K in year on contracting private ambulances with a requirement to save £200K. To achieve this reduction the Trust will not have the resource to fund approximately 2000 journeys less in 2017/18 of an 11 - 25 mile radius.
The Patient Flow Team and Transport Co-ordinators already ensure that transport resources are only used for patients who have a medical need for ambulance transport. The time and

length of notice to when the journey is required often means that a private ambulance is used so that the patient does not miss their appointment or ‘cut off’ time for admission into a private nursing home or community hospital.

All transport requests are logged with NIAS who advise throughout the day if they will be able to meet the request. When demand exceeds capacity a private ambulance will be used. As the cost of private ambulances is per journey, when possible, patients are ‘grouped together’ if circumstances allow, ensuring the most efficient use of resources.

The table above demonstrates that Causeway and Antrim Transport Co-Ordinators manage different demands for the private ambulance resources.

Due to Causeway Hospital’s geographical location and interdependencies on urology, fracture, cancer and MRI services the majority of requests are to facilitate specialist assessment / diagnostics. As these requests are driven by clinical need it is proposed that the private ambulance resource would not be restricted for this group of patients. Antrim Transport Co-ordinators receive less requests for this type of transfer.

The second most frequent category of private ambulance usage is the transfer of patients deemed fit for discharge to private nursing homes or community hospitals. Often it is preferable for these patients to be transferred earlier in the day to facilitate admission and assessment processes. Patients who are medically assessed as being in the last few days of life will continue to be transferred as agreed with the medical team using private ambulance resources if a delay is considered detrimental to the patient’s wellbeing.

To achieve this level of savings it is envisaged that despite collaboratively working with NIAS that other patients who are moving to private nursing homes for assessment, rehabilitation or permanent placement will experience delays in hospital until a NIAS vehicle becomes available.

For those service users who are deemed to have a clinical need for transport by ambulance and are being discharged to their own address the Trust will be unable to provide transport by private ambulance. As is our usual procedure ambulance transport will booked through NIAS and the patient will remain in hospital until NIAS have the availability to transport the patient home.

Expected delays in both these categories based on August 2017 requests, could result in a minimum of four less beds being available each day for admissions into the acute wards. Whilst it is difficult to project the cumulative effect of these delays, it is envisaged that there will be an increasing impact on both the acute and community hospitals as patients are delayed in acute beds whilst they wait for transport.

Antrim Hospital also has transport which will continue to be used for transferring patients who require assistance of one person. This will be used to reduce demands on the private ambulance and NIAS resources.

The Trust will continue to work closely with NIAS on a daily basis to maximise the NIAS resource and to minimise delays for crews transporting patients from our hospitals.

(1.4) Are there any Section 75 categories (see list in 3.1) which might be expected to benefit from the intended policy/proposal?

This proposal is subject to a six week public consultation and consultees will include representatives from the Section 75 equality categories.

(1.5) Who owns and who implements the policy/proposal - where does it originate, for example DHSSPS, HSCB?

HSC Trusts have been tasked by the DoH with developing draft savings plans to deliver their share of a total of £70m of savings in 2017/18 and have directed that it is imperative that the full £70m of savings are achieved as part of the overall financial plan for this year.

(1.6) Are there any factors that could contribute to/detract from the intended aim/outcome of the policy/proposal/decision? (Financial, legislative or other constraints?)

DoH level approval and endorsement of Trust actions to achieve financial balance for 2017/18.

The need for meaningful engagement and consultation may impact on some of the timescales and outcomes

Feedback from consultation process may impact on implementation.

Although the Trust will further liaise with NIAS to best manage their availability, NIAS may not have the capacity to provide transport for patients leaving hospital. Currently the highest percentage of usage of private transport is:-

- the frail older patient who has no other alternative method of transport
- where other methods of transport other than ambulance are not suitable
- where discharge is dependent on cut off times in care settings or on the commencement of community domiciliary care packages
- for transporting NHSCT inpatients to other hospitals for procedures / appointments

The demand for beds may dictate that private transport is required in order to expedite patient discharge to a time /day earlier than NIAS is available.

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(1.7) Who are the internal and external stakeholders (actual or potential) that the policy/proposal/decision could impact upon? (staff, service users, other public sector organisations, , trade unions, professional bodies, independent sector, voluntary and community groups etc)

Internal stakeholders: DoH, HSCB, NHSCT, other HSC Trusts, LCG, Staff, Trade Unions and Professional Bodies etc.

External stakeholders: The Trust's Cost Savings/Financial Plan 2017/18 will impact on its local population i.e. service users, patients and clients, relatives, as well as other organisations e.g. the public sector, independent sector, voluntary and community groups, Section 75 representative groups and advocates, MLAs etc. (This list is not intended to be exhaustive).

Other Stakeholders:

- NIAS
- Private Ambulance providers
- Domiciliary Care Providers / Nursing Homes
- Other Trust providers of diagnostic tests and outpatient appointments / interventions

1.8) Other policies with a bearing on this policy/proposal **(**for example regional policies) - what are they and who owns them?

- DoH Budget 2017/18
- Change or Withdrawal of Services : Revised Guidance on Roles and Responsibilities – DHSSPSNI – November 2014
- Trust's Equality Scheme which incorporates the Trust's Human Rights obligations and disability duties.
- ECNI Guide on Section 75 and Budget
- NHSCT 2017/18 Savings Plan
- UN Convention on the Rights of Persons with Disabilities
- Human Rights Act 1998
- HSCB Guidance on Transfer of Patients after 8pm

- NHSCT Policy on the Booking of Non-Emergency Ambulance Transport
- NHSCT Privacy and Dignity Policy
- NHSCT Infection Prevention and Control Strategy

(2) Available evidence

Evidence to help inform the screening process may take many forms. What evidence/information (both qualitative and quantitative) have you gathered to inform this policy? Specify details for relevant Section 75 categories.

Details of evidence/information
Review of requests for private ambulances. Age profiling carried out for private ambulance usage in August 2017 - 94% of usage related to service users of 65 years old and over.

SECTION 75 GROUP	NORTHERN AREA POPULATION (TOTAL POPULATION 426,965) (2011 Census)
Gender	Female 50.99% Male 49.01%
Age	0 -15 20.81% 16-39 31.63% 40-64 32.36% 65-84 13.46% 85+ 1.74%
Religion	Protestant 56.44% Roman Catholic 29.07% Not Known 14.44%
Political Opinion	Not collected
Marital Status	Single 30.63% Married 57.60% Not Known 11.77%
Dependent Status (based on 158,520 households)	Households with dependent children 36.40%

Disability (based on 158,520 households)	Household with one or more persons with a limiting long term illness 38.61%
Ethnicity	Black African – 0.02% Bangladeshi – 0.01% Black Caribbean – 0.01% Chinese – 0.23% Indian – 0.09% Other Black – 0.01% Irish Traveller – 0.05% Pakistani – 0.04% Mixed Ethnic Group– 0.18% White – 99.29% Not Known – 0.05%
Sexual Orientation	Estimated 10% of population is LGB equates to estimated 168,527 of the NI population i.e. possibly one in 10 in terms of clientele/service user– data source Rainbow Project July 2008

(3) Needs, experiences and priorities

(3.1) Taking into account the information above what are the different needs, experiences and priorities of each of the Section 75 categories and for both service users and staff.

Category	**Needs, experiences and priorities** **Census 2001 by Section 75 Groups** **NORTHERN AREA POPULATION (426,965)**	
	Service users	***Staff***
Gender	There is no evidence to suggest that this proposal will have any adverse impact because of gender. The Trust is committed to monitoring for any adverse impact.	This proposal will not impact on staff
Age	*(figures were calculated on private ambulance usage in August 2017)* 0-15 0% 16-24 0% 25-44 0% 45-64 5.75% 65-84 50.58% 85+ 43.68%	

	Currently the highest usage of private non- emergency ambulances is the over 65 age categories who have no other alternative method of transport and where discharge is dependent on cut off times in care settings or on the commencement of community domiciliary care packages. The Trust is committed to monitoring for any adverse impact.	
Religion	There is no evidence to suggest that this proposal will have any adverse impact on any religious grouping. The Trust is committed to monitoring for any adverse impact.	
Political Opinion	There is no evidence to suggest this proposal will have an impact on the grounds of the political opinion.	
Marital Status	The Trust is mindful that there may be a higher prevalence of service users who are widowed compared to the general population, given the age profile. The Trust is also mindful that research shows that the majority of women who have caring responsibilities tend to be married. Individual and specific circumstances will be considered and where adverse impact is identified, the Trust will consider steps to mitigate its effects. The Trust is committed to monitoring for any future adverse impact.	
Dependent Status	Recent Census figures indicate that the number of carers in the Trust area has risen by 21% since 2001 which would be reflective of the age profile of those living in the Trust area. The Trust is mindful that many of the service users affected by this proposal will be supported by family carers. Carers are entitled to an individual carer's assessment to identify their specific needs and to establish the impact of caring on their own health and wellbeing. Carers can then be signposted to appropriate services and support. The Trust is mindful of Article 8 (European Convention on Human Rights) which	

	will inform decision making processes and discussions with service users and carers. The Trust will listen to and will be guided by their wishes. The Trust is committed to on-going engagement with service users and carers and to monitoring for any adverse impact.	
Disability	Whilst the Trust does not currently collect statistical information relating to levels of disability amongst its service users of domiciliary care meals, it is predicted that many of the service users will have some level of disability, given the nature of the service provided. Any proposal should consider the potential for differential impact on grounds of disability and any specific requirements will be taken fully into account when meeting their future needs.	
Ethnicity	There is no evidence to suggest that this proposal will have an impact on service users on the grounds of their racial background. The Trust is mindful that there are increasing numbers of people of Eastern European origin living in the Northern Trust area. The Trust will continue to ensure that any information is available in a range of languages.	
Sexual Orientation	Whilst no direct information is gathered on sexual orientation, population trends estimate that 6-10% of the population are from the gay, lesbian, bisexual or 'trans' (transsexual, transgendered and transvestites) (LGBT) community. The Trust will adhere to best practice guidelines issued in 2014 by the Public Health Agency, Age NI, The Rainbow Project, Here NI, Unison, RQIA, IHCP, 'See Me, Hear Me, Know Me (2014) when considering the needs of older LGBT people.	

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(3.2) Provide details of how you have involved stakeholders, views of colleagues, service users and staff etc when screening this policy/proposal.

On 24 August 2017, following approval from Trust Board we commenced a public consultation on our '2017/18 Savings Plan'. The consultation closed on 5 October 2017.

To raise awareness of the consultation process it was advertised in the local newspapers indicating that the document could be downloaded from the Trust's website or available from the Trust's Equality Unit. Over 1500 groups, organisations and individuals listed in the Trust's Consultation Database received an email or letter informing them of the consultation arrangements. Consultees were also reminded of the closing date for consultation. Consultation documents were made available on the Trust's website (i.e. available to the public) and intranet (i.e. available to Trust staff). Documents were also available in paper copy and in easy read format and in other formats on request.

During the consultation period the Trust held five locality engagement meetings in each of the four Trust localities to engage directly with service users, carers, the public, local representatives. The Trusts also held a number of staff engagement meetings and participated in a number of meetings with Councils and MLAs during the consultation process.

A consultation outcome report, detailing the consultation process and feedback received is available on the Trust website.

(4) Screening Questions

You now have to assess whether the impact of the policy/proposal is major, minor or none. You will need to make an informed judgement based on the information you have gathered.

(4.1) What is the likely impact of equality of opportunity for those affected by this policy/proposal, for each of the Section 75 equality categories?			
Section 75 category	***Details of policy/proposal impact***		***Level of impact? Minor/major/none***
	Services Users	***Staff***	
Gender	None	n/a	None
Age	Minor	n/a	Minor
Religion	None	n/a	None

Political Opinion	None	n/a	None
Marital Status	Minor	n/a	Minor
Dependent Status	Minor	n/a	Minor
Disability	Minor	n/a	Minor
Ethnicity	None	n/a	None
Sexual Orientation	None	n/a	None

(4.2) Are there opportunities to better promote equality of opportunity for people within Section 75 equality categories?	
Section 75 category	***Please provide details***
Gender	N/A
Age	The Trust will further liaise with NIAS to best manage their availability and prioritise the frail elderly patient where possible.
Religion	N/A
Political Opinion	N/A
Marital Status	The Trust will further liaise with NIAS to best manage their availability and prioritise patients who have no family members to provide transport.
Dependent Status	The Trust will further liaise with NIAS to best manage their availability and prioritise patients who have no family members to provide transport.
Disability	The Trust will further liaise with NIAS to best manage their availability and prioritise patients with a disability who require ambulance transport.
Ethnicity	N/A
Sexual Orientation	N/A

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(4.3) To what extent is the policy/proposal likely to impact on good relations between people of different religious belief, political opinion or racial group? minor/major/none		
Good relations category	***Details of policy/proposal impact***	***Level of impact Minor/major/none***
Religious belief	On the basis of the information available to date, it is not envisaged that the reduction of the use of private non-emergency ambulance transport would have any impact in terms of good relations.	None
Political opinion	As above	None
Racial group	As above	None

(4.4) Are there opportunities to better promote good relations between people of different religious belief, political opinion or racial group?	
Good relations category	***Please provide details***
Religious belief	As detailed above the implementation of this proposal will have no adverse impact on the promotion of good relations. The Trust is committed to the promotion of good relations – its Good Relations Statement is as follows - **"We are committed to ensuring that our staff feel comfortable at work and everyone feels welcome when using our services. We will not tolerate sectarianism or racism in any form neither by staff or service users."**
Political opinion	As above.
Racial group	There is no evidence that this proposal will have an adverse impact on persons of a different racial group. The Trust spends significant resources in ensuring its services are accessible by the whole community and is one of the biggest users of the DHPSSNI Regional Interpreting Service. Similarly, the Trust translates information into a range of formats for those whose first language is not English.

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(5) Consideration of Disability Duties

(5.1) How does the policy/proposal encourage disabled people to participate in public life and promote positive attitudes towards disabled people?
This proposal will involve ongoing engagement with those affected. The Trust will take into account individual extenuating circumstances and work in partnership with individuals to alleviate any potential impact for people with disabilities. The Trust will ensure relevant staff receive disability equality training and will adhere to its obligations under the Disability Discrimination Act 1955 and its commitments in the Disability Action Plan.

(6) Consideration of Human Rights

(6.1) Does the policy/proposal affect anyone's Human Rights?
Complete for each of the articles

Article	Positive impact	Negative impact = human right interfered with or restricted	Neutral impact
Article 2 – Right to life			X
Article 3 – Right to freedom from torture, inhuman or degrading treatment or punishment			X
Article 4 – Right to freedom from slavery, servitude & forced or compulsory labour			X
Article 5 – Right to liberty & security of person			X
Article 6 – Right to a fair & public trial within a reasonable time			X
Article 7 – Right to freedom from retrospective criminal law & no punishment without law			X
Article 8 – Right to respect for private & family life, home and correspondence.			X
Article 9 – Right to freedom of thought, conscience & religion			X
Article 10 – Right to freedom of expression			X

Article 11 – Right to freedom of assembly & association			X
Article 12 – Right to marry & found a family			X
Article 14 – Prohibition of discrimination in the enjoyment of the convention rights			X
1st protocol Article 1 – Right to a peaceful enjoyment of possessions & protection of property			X
1st protocol Article 2 – Right of access to education			X

(6.2) Please outline any actions you will take to promote awareness of human rights and evidence that human rights have been taken into consideration in decision making processes.

The Trust is committed to the safeguarding and promotion of Human Rights in all aspects of its work. The Human Rights Act 1998 gives effect in UK Law to the European Convention on Human Rights and requires legislation to be integrated so far as possible in a way that is compatible with the convention rights and makes it unlawful for a public body to act incompatibly with the convention rights.

Provision of on-going training and staff awareness on human rights.

(7) Screening Decision

(7.1) Given the answers in Section 4, how would you categorise the impacts of this policy/proposal?

Major impact	
Minor impact	X
No impact	

(7.2) Do you consider the policy/proposal needs to be subjected to ongoing screening

Yes	
No	X

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(7.3) Do you think the policy/proposal should be subject to and Equality Impact Assessment (EQIA)?

Yes	
No	X

(7.4) Please give reasons for your decision and detail any mitigation considered.

The Trust will continue to work closely with NIAS on a daily basis to maximise the NIAS resource and to minimise delays for crews transporting patients from our hospitals.

The Patient Flow Team and Transport Co-ordinators already ensure that transport resources are only used for patients who have a medical need for ambulance transport. As the cost of private ambulances is per journey, when possible, patients are 'grouped together' if circumstances allow, ensuring the most efficient use of resources.

Private ambulance resource would not be restricted for patients going from Causeway Hospital to urology, fracture, cancer and MRI services as the majority of requests are to facilitate specialist assessment / diagnostics and as these requests are driven by clinical need.

Patients who are medically assessed as being in the last few days of life will continue to be transferred as agreed with the medical team using private ambulance resources if a delay is considered detrimental to the patient's wellbeing.

Antrim Hospital also has transport which will continue to be used for transferring patients who require assistance of one person. This will be used to reduce demands on the private ambulance and NIAS resources.

(8) Monitoring

Please detail how you will monitor the effect of the policy/proposal for equality of opportunity and good relations, disability duties and human rights?

The Trust will continue to monitor the impact and ensure that it is not more major than initially anticipated.

Monitoring mechanisms will be implemented to monitor for possible unforeseen adverse impact. The Trust will also take account of information or feedback provided by stakeholders during the six week consultation on this savings proposal.

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Approved Lead Officer:	Suzanne Pullins
Position:	Assistant Director Safety, Quality and Patient Experience (Deputy Director of Nursing)
Date:	14 September 2017
Policy/proposal screened by:	Ita McKendry