

Appendix 2 - Template for Information to be Compiled

Information to be compiled by Public Authorities under Section 3(1)(a) of the Rural Needs Act (NI) 2016.

(To be completed and included in public authorities' own annual reports and submitted to DAERA for inclusion in the Rural Needs Annual Monitoring Report).

Name of Public Authority:	Northern Health and Social Care Trust	

Reporting Period: April 20 18 to March 20 19

Background

The Trust is committed to its reporting and monitoring obligations in accordance with Rural Needs Act (NI) (2016). The Trust has carried out the following activity to comply with and mainstream the duties.

- The Trust's Executive Team has been briefed to ensure ownership of these duties at strategic level. The definition of "rural" (the default definition for the public sector has been adopted) and was agreed by the Trust.
- The Directorate of Strategic Development and Business Services is responsible for central co-ordination of the monitoring report on behalf of the Trust.
- Trust service leads and policy authors attended Rural Needs Awareness Training provided by the Rural Development Council.
- HSC Trusts have worked collaboratively to ensure the rural needs assessment template in user-friendly and relevant to HSC business. The key components of the template issues by DAERA have been used in compliance with the legislative obligations.
- Advice and guidance is provided on the Trust's Staffnet to raise awareness and support staff when completing rural needs assessments
- To ensure effective mainstreaming the Trust's mandatory policy development process now includes a section on requirements relating to the Rural Needs Act.

 This annual monitoring report on rural needs has been considered by Trust Board before submission to DAERA and monitoring information in this report will be included in the Trust's Annual Report

The Trust is committed to promoting and upholding its duties in relation to the Rural Needs Act (NI) 2016 and will have due regard to rural needs in the development of all our policy and public service delivery decisions. The Trust is mindful that the level of 'regard' due will depend on the circumstances and, in particular, on the relevance of rural needs to the decision or function in question. The greater the relevance and potential impact for people in rural needs, the greater the regard required by the duty. In the table below, the Trust has provided detail on those policies which were considered as having a bearing on rural needs and therefore subject to a rural needs assessment. In preparing this monitoring template the Trust considered policies in respect of the social and economic needs of persons in rural areas and for the majority, no rural needs were identified. Many of these policies are clinical or technical in nature and have no bearing on rural needs. In the interests of openness and transparency, the Trust has provided the following hyperlinks to S75 equality screenings of Trust policies.

Screening Outcome Report - March 2019
Screening Outcome Report - December 2018
Screening Outcome Report - September 2018
Screening Outcome Report - June 2018

The following table includes information on policies where there a Rural Needs Impact Assessment has been completed.

Description of the activity undertaken by the public authority which is subject to section 1(1) of the Rural Needs Act (NI) 2016 ¹ .	The rural policy area(s) which the activity relates to ² .	Describe how the public authority has had due regard to rural needs when developing, adopting, implementing or revising the policy, strategy or plan or when designing or delivering the public service ³ .
NHSCT 18/1202 Hospital Diversion Nursing	Health and Social	Four locality based clinics across NHSCT area plus
Team Operational Policy	Care	facility to deliver treatments to patients in own home if
		unable to travel. This domiciliary visit element is the
		ultimate mitigation to counter rural needs impact
NHSCT 18/ 1208 Pandemic Influenza	Health and Social	Clinical guideline for appropriate response in event of
Response Plan (Corporate)	Care	pandemic influenza. Aims to maintain people at home
		in community unless condition escalates to a
		requirement for hospital treatment therefore minimum
		impact in respect of rural needs
NHSCT 18/1260 Contingency Placement Policy	Health and Social	Provides for temporary placement in community bed

Care	for people who are ready for discharge. Location of
	community bed is subject to availability and may
	impact upon travel distance and time for patient's
	relatives and friends who wish to visit. Short term
	impact only until discharge to home can be managed.