
2017/2018 Financial Planning

Savings Plan

Consultation Document

24 August 2017

Alternative Formats: Some people may need this information in a different format for example a minority language, easy read, large print, Braille or electronic formats. Please let us know what format would be best for you. Contact the Equality Unit – contact details on page 20.

Contents

GLOSSARY OF TERMS	Page 3
SECTION 1 Strategic and Regional Context	Page 5
SECTION 2 Trust Overview and Requirement to make Savings 2017/18	Page 7
SECTION 3 In-year Savings Plans regarded as Low Impact	Page 12
SECTION 4 In-year Savings Proposals that may be considered Major and/or Controversial	Page 16
SECTION 5 Consultation Arrangements	Page 18
SECTION 6 Equality Duties	Page 22
SECTION 7 Consultation Questionnaire	Page 25
APPENDIX 1 Equality Screening Assessment	Page 33

GLOSSARY OF TERMS

Acute Care	Acute care is a branch of secondary health care where a patient receives active but short-term treatment for a severe injury or episode of illness, an urgent medical condition, or during recovery from surgery
Benchmarking	Benchmarking refers to evaluating business processes and performance metrics to industry best practices and from other service providers.
Community care	Community care is care provision for people who are mentally ill, elderly, or disabled which is provided within the community rather than in hospitals.
Complex Care	Clients receiving complex care have substantial and ongoing healthcare needs. These can be the result of chronic illness, disabilities or following hospital treatment
Comprehensive Spending Review	Comprehensive Spending Review is a governmental process in the United Kingdom carried out by HM Treasury to set firm expenditure limits and, through public service agreements, define the key improvements that the public can expect from these resources.
Continuous Improvement	Continuous improvement is an ongoing effort to improve services or processes. These efforts can seek “incremental” improvement over time or “breakthrough” improvement all at once
Demography/ Demographic Growth	Demographic growth refers to the quantitative study of human populations. This includes factors such as the geographical distribution of people, birth and death rates, socioeconomic status, and age and sex distributions in order to identify the influences on population growth, structure, and development
DoH	The Department of Health is a devolved government department in the Northern Ireland Executive. The DoH was previously referred to as the DHSSPS (Department of Health Social Services and Public Safety)
HSC	Health and Social Care in Northern Ireland (HSC) is the designation of the publicly funded service which provides public health and other social care services in Northern Ireland

HSCB	The Health and Social Care Board (HSCB) is the statutory organisation that arranges / commissions health and social care services for the population of Northern Ireland.
Natural Slippage	Slippage as referred to includes the difference in time of a financial allocation and the time in which the aligned expenditure can be achieved.
Public Consultation	Public consultation is a statutory process by which the public's input on matters affecting them is sought.
Recurrent and Non-recurrent Expenditure	Recurrent expenses are regular, fixed expenses the Trust expects to have on an ongoing basis as an ordinary cost of delivering services. Non-recurrent expenses are one-time, extraordinary expenses incurred by the Trust.
Stakeholders	Stakeholders are person(s) who have an interest in or investment in something and who may be impacted by the outcome.
Unscheduled Care	Unscheduled care is any unplanned contact with the HSC by a person requiring or seeking help, care or advice. It includes urgent care and emergency care.

SECTION 1

Strategic and Regional Context

2017/18 FINANCIAL PLANNING – SAVINGS PLANS

The Health and Social Care (HSC) system has been working collaboratively to address the significant financial pressures facing health and social care services in 2017/18 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 part of the process the Southern HSC Trust is required to publicly consult on specified proposals in our savings plan. This is in line with the Department's policy guidance circular: Change or Withdrawal of Services – Guidance on roles and responsibilities, dated 26 November 2014.

[http://www.southerntrust.hscni.net/pdf/Guidance_on_Withdrawal_or_Changes_to_Services_26_Nov_2014\(1\).pdf](http://www.southerntrust.hscni.net/pdf/Guidance_on_Withdrawal_or_Changes_to_Services_26_Nov_2014(1).pdf)

In order to fully inform the public about all savings options under consideration this consultation document includes information on the totality of the savings plan for the Southern area which amounts to £6.4 million.

In line with the Department's policy guidance circular, Section 4 in this document contains a specific proposal related to a change or withdrawal of service, in the Southern area, that is considered to be major and/or controversial, and will require the Department's approval to implement

following the outcome of the consultation process. The Trust invites comments from the public on the totality of the savings plan and in particular the specific proposal in Section 4.

In order to deliver a balanced financial plan across the HSC it is necessary that the public consultation by Trusts should be concluded for Ministerial consideration and potential implementation from October 2017. In view of the urgency, The Health and Social Care Board (HSCB) and DoH will also be considering these proposed plans in parallel with the consultation. Following consultation, a final plan will be submitted to the Health and Social Care Board (HSCB) and DoH.

There will be a further public consultation if it is considered necessary to extend the proposal for a temporary change or withdrawal of service, contained in Section 4 if implemented, beyond 2017/18 or in the event it is considered necessary that the proposal should be made permanent.

SECTION 2

Trust Overview and Requirement to Make Savings in 2017/18

Overview of the Trust

The Southern Trust was established on 1 April 2007 and is one of five Trusts in Northern Ireland which provide health and social care services across Northern Ireland. The Trust provides acute hospital and community services to the council areas of Armagh, Banbridge and Craigavon; Newry, Mourne and Down; and Mid Ulster – a population of some 390,000 people, approximately 20% of the Northern Ireland total population.

The Trust population is expected to increase by over 20% between 2016 and 2039 compared to the Northern Ireland projected growth of 8.5%. This is significant in a number of areas including the ‘younger’ and the ‘older’ populations in particular. The Trust also has the highest level of children with statements of education need in NI and Central and Eastern European migration accounts for 4.2% of the population, compared to the regional average of 2.2%.

Background

The Trust’s operational performance and financial saving requirements for 2017/18 are set in the context of what has already been achieved as well as emerging pressures within our hospital and community services particularly in relation to demographic growth and increased demand in unscheduled/ emergency care.

Over previous comprehensive spending review periods, significant system reform has already taken place in the Southern Trust area that increases the challenges faced with further budgetary reductions.

The primary focus is to ensure patient safety at all times and minimise the impact of service changes on patients and clients within the limit of the financial resource available and in a way that is deliverable in 2017/18.

The Trust acknowledges the financial challenges facing the wider HSC environment, and the Trust can demonstrate a range of efficiencies which have been implemented over a number of financial years which have assisted us in consistently ensuring that our spend does not exceed our income. It is against this backdrop it is increasingly difficult to source low/ medium impact measures that do not directly impact on front line service provision.

The Trust is committed to continuous improvement and the ongoing process of identifying opportunities to do things differently, to improve safety and quality of care and increase performance in terms of productivity, efficiency and effectiveness, all of which will continue to be a key organisational priority.

Requirement to make Savings In-year 2017/18

Health and Social Care Services across Northern Ireland are funded through an annual financial programme with allocations made to Trusts by the Health and Social Care Board from funding made available to the Department of Health by Government. Health and Social Care Trusts are legally obliged to 'break-even' each year, which means delivering services within the funding allocated and not spending more than this.

The cost of providing the services we deliver is increasing, with estimates suggesting 6% annually. This is due to an increasing ageing population with greater and more complex needs, increasing costs for goods/services, and growing expertise and innovation which means an increased range of services, supporting improvement in our population health. All of these bring increases in the funding required each year to maintain the service and meet demand.

It has been acknowledged through several strategic reviews that there is a need for service transformation. The most recent 'Health and Wellbeing 2026 : Delivering Together' (published in October 2016 , supported by the Bengoa Report) set out a Ministerial vision for the service. This describes a new service model that would see a reconfiguration of our acute hospital services, appropriately resourced to deliver high quality acute care, with specialist services delivered from fewer sites and greater investment in community and primary care services at a local level.

Transformation alone will not address the financial issues, and there is a need for a financial plan that goes beyond an annual cycle so that the service can plan and respond to the issues. Both transformation and robust financial planning are essential so that a safe, efficient and sustainable service is provided.

The service across the region collectively spends about £5 billion each year. This provides the acute hospitals, community, ambulance, mental health, disability, social services and all the other services that make up a comprehensive range of health and social care for our population.

The majority of our income comes from the Department of Health, (DoH), through the HSCB and PHA. For 2016/17 this totalled £567.8m, of which £29m, (5%), was non-recurrent.

The financial year for the Health and Social Care starts on the 1 April each year to the 31 March the following year. In this financial year, 2017/18, it is now clear that unless there is a significant immediate increase in the funding available in-year, at the current spending levels the Trust would spend more than the funding allocated. As a result, all Trusts across the Region have been tasked by the Department of Health (DoH) to develop a savings plan for 2017/18 to deliver a share of an identified £70 million savings required across the service by March 2018. The Southern Trust share of the £70 million savings is £6.4 million. The scale of the savings needed in-year is significant and clearly, as there is limited time available to introduce savings measures, actions would need to be taken promptly to enable the spending to be reduced.

The Trust has responded to this difficult task by aiming to identify actions, that if taken, would impact on how the Trust works but have no or low impact on front line services. However, given the scale of savings required we have also had to look beyond this to areas that have the potential to reduce spend in-year which largely relates to reducing the use of 'flexible' staffing. These include nursing and other staff employed through agencies and locum Doctors with particular emphasis on reducing or eradicating the reliance on staff employed through non-contracted agencies that have significantly higher premiums or rates.

In this regard the Trust has identified that these proposals may be considered as major and / or controversial, in line with the DoH guidance circular: Change or Withdrawal of Services – Guidance on roles and

responsibilities, dated 26 November 2014, and we have set out the detail of these in this consultation document.

In looking to potential areas of spend reduction in-year the Trust has sought to take account of the following principles:

- **Safety** - proposals should not compromise on safety
- **Deliverability** - proposals should be achievable in-year and release funding
- **Impact** - aim to minimise the impact on services
- **Strategic Direction** - limit actions that would counter strategic proposals

In the main the proposals set out are for a temporary change or withdrawal of service in 2017/18, for Ministerial consideration. There would be further public consultation if it is considered necessary to extend the proposal set out in Section 4 of this document, beyond 2017/18 or in the event it is considered necessary that specific proposals should be made permanent.

The following sets out the proposals to deliver the Southern Trust contribution to the £70 m regional 2017/18 savings plan.

SECTION 3

In-year Savings Plans regarded as Low Impact

Trusts have been delivering in-year savings and efficiencies on a regular annual basis over the last number of years (annually approximately 2%). There is a commitment to continue to find efficiencies across the health and social care system through benchmarking and service improvement initiatives that can streamline processes and ensure the adoption of best practice, leading to the release of resources that can contribute to further investment in services.

During this year there are a number of actions the Trust had planned to take that will contain and reduce spend in-year and are considered to have low impact on front line services. Some of these actions have already begun, in line with on-going, routine operational management, to contain costs and deliver efficiencies.

The following sets out the areas that the Trust has commenced or would intend putting in place to reduce spend in the latter plan of this year.

Proposal	Description	£ (000)	Potential Service or other impact
Natural 'Slippage' on allocations	Natural 'Slippage' refers to the difference in 'time' from when a financial allocation is made available to the time in which the allocation can reasonably start to accrue expenditure.	1,290	There is an inevitable timeline for all areas of investment to be fully implemented. For example, when funding is made available at the 1 st April for the next 12 months, (either recurrently or non-recurrently), the amount that can realistically be spent within that 12 month period

			<p>is influenced by a range of factors. These include the recruitment processes which may take a few months to secure the health professionals required or indeed may be unsuccessful. In other instances when the funding has been released for the provision of a new facility, the new facility may not be completed in line with the original plan.</p> <p>The specific areas in 17/18 that will contribute to the Trusts savings plan include Dungannon supported living scheme, transitional funding for learning disability services, and delays in implementation of rapid access models.</p> <p>This impact will be non-recurrent and will therefore affect 2017/18 only.</p>
Staff Turnover / vacancy	This saving relates to the natural turnover rates for staffing leaving and joining the Trust.	1,122	<p>This cost saving will be achieved through deferring timelines as posts become vacant and also by holding posts that are currently sitting vacant in the Trust during 2017/18.</p> <p>This saving is largely being made by the Trust's business support functions such as Information Technology, estates, human resources, and finance functions. Whilst these</p>

			posts do contribute to direct service delivery, the Trust anticipates that it can manage the impact by rotating the requirement to defer timescales across all of the business support functions.
Natural 'Slippage' on Demography funding	<p>The Trust has local service pressures/ demand that has been estimated by the HSCB to require £6.1m of funding across a range of programmes of care/ service areas as follows:-.</p> <p>Acute Care (£1.6m) Children Services (£0.3m) Older People (£2.9m) Mental health (£0.4m) Learning Disability (£0.4m) Physical Disability (£0.2m) Community development/ Health Promotion (£0.3m)</p>	2,803	In 2017/18, full year allocations which cover the 12 month period April 2017 to March 2018, have been made late in the financial year. As a direct consequence of this it will be difficult to invest the full 12 month allocation for the purpose for which it is intended in the remaining months of 2017/18. The Trust will commence the investment in the appropriate areas, however, given the timing of the allocation will at best achieve 6 months spend in this financial year, with the full 12 months spend being secured on a recurrent/permanent basis with effect from 1 st April 2018.
Discretionary Goods and Services	The Trust will make efficiencies on non-direct patient / client care goods and services areas of expenditure.	960	In 2017/18, targeted actions will be taken to further reduce discretionary non patient care goods and services. Non-direct patient/client goods and services, includes furniture, soft furnishings, printing and

			publications, and all non-medical equipment.
New procurement arrangements	Efficiencies from bulk buying of water filters	150	The Trust will implement new bulk purchase arrangements for water filters to achieve reduced spend on procurement of water filters in 2017/18. There will be no impact on services.

It is expected that the impact of these actions would contribute all but £75,000 of the £6.4m of the Trust's share of the savings required in-year.

SECTION 4

In-year Savings Proposals that may be considered Major and/or Controversial

The ability to reduce spend in-year is limited due to the fact that the Trust employ the majority of its staff on permanent contracts of employment and over 70% of all our spending is on salaries and wages and there is no plan for redundancy.

In addition, where we contract with independent providers for services, in some of those cases there will be service contracts that commit particular volumes of work or periods of notice to end or reduce contracts. This limits the Trust's ability to reduce spend in a short timeframe.

Taking this deliverability issue into account, given that the savings required must be achieved in-year, plans to deliver savings by necessity focus on reducing use of 'flexible' staffing and, in some cases, arrangements with the independent sector where there are no or limited contractual commitments. Flexible staff include those staff working through an Agency (primarily Nurses) or staff on locum contracts (primarily locum Doctors). These staff generally require very short periods of notice.

In developing the following proposal, the Trust has prioritised the principles of safety, deliverability, limiting service impact and preserving strategic direction proposals. The following sets out the proposal the Trust has identified that if put into effect would contribute to reducing spend in-year towards the Trust's share of the regional £70 m savings plan and may be considered as major and / or controversial, in line with

the DoH guidance circular: Change or Withdrawal of Services – Guidance on roles and responsibilities, dated 26 November 2014.

Against the proposal the expected impact and the contribution to the in-year savings plan is described. In the latter part of this consultation document, arrangements are set out for seeking your views on this proposal.

Proposal	Description	£ (000)	Potential Service or other impact
Procurement of community equipment.	Change from provision of single use small aids and appliances, redeemed from local pharmacies via voucher scheme, to the Regional Business Services Organisation provided function with home delivery, including recycled, decontamination goods of the same specification.	75	Whilst model is not fully defined or equality screening finalised it is considered there will be minimal impact to service users and Trust staff, however, there may be controversy from local pharmacy / retail providers (54 in total) who will lose income from non-operation of the voucher scheme.

It is expected that the impact of this action would contribute £75K towards the Trust share of the savings required in-year.

Through this Consultation process the Trust is seeking stakeholder views on the Trust identified proposed action and the impact of this in order to contribute to financial balance.

SECTION 5

Consultation Arrangements

Context

Consultation requirements are set out in the Health and Social Care Reform Act (2009) and have been incorporated into the Trust's consultation processes. The Trust recognises the importance of consultation as an integral part of fulfilling its statutory obligations.

Guidance to Trusts on the requirement for public consultation was issued by the Department of Health (DoH) in November 2014. It sets out the roles and responsibilities for consultation in the event of a change or withdrawal of service. The guidance circular states that: "individual proposals about change or withdrawal of services from the Health and Social Care Board (HSCB) / Public Health Authority (PHA, Health and Social Care Trusts or other Arms Length Bodies(ALBs) will not normally require DoH approval unless they are judged by the DoH to be major and/or controversial."

There are no definitive criteria describing 'major/controversial', so the Trust is required to notify the DoH of consultation plans on proposals for closure or change that are likely to be regarded as falling into these categories. In the case of the proposals set out in this consultation document, the Trust has notified the Health and Social Care Board and the DoH of the proposals and plans for public consultation. Proposals relating to a change or withdrawal of service that are considered to be major and/or controversial, will require the Department of Health's approval to implement following the outcome of the consultation process.

Consultation Arrangements and Timeframe

The consultation period is from 24 August 2017 to 5 October 2017, a 6 week period.

This is a shorter period than set out in the DoH Guidance and Trust consultation processes in relation to a minimum consultation period of twelve weeks. However the guidance also points to circumstances where service changes (either permanent or temporary) which must be implemented urgently to comply with legislative obligations, may be undertaken within a shorter period. The requirement to achieve financial balance each year is a legislative requirement for the health and social care service. Given the need to make these significant savings in-year it is vital that actions to effect reduced spend are taken as soon as possible in order to reduce the scale of the impact on the service.

Consultation Document and Questionnaire

The consultation document will be issued to all consultees listed on the Trust's consultation database detailing the consultation process. A list of consultees can be found on the Trust's website or by contacting the Equality Unit (contact details below).

- A copy of this consultation document is available on the Trust's website at <http://www.southerntrust.hscni.net>
- Alternative Formats: Some people may need this information in a different format for example a minority language, easy read, large print, Braille or electronic formats. Please let us know what format would be best for you. Contact the Equality Unit – contact details below.

- The Trust will, during the consultation period, ensure that any clients / stakeholders affected by the proposal in Section 4 are contacted directly.

For those who wish to provide written feedback, a **Consultation Questionnaire** is available in Section 7. It is also available on the Trust Website at <http://www.southerntrust.hscni.net> . However we welcome your feedback in any format. You can respond to the consultation document by e-mail, letter or fax as follows:

Equality Unit,

1st Floor Hill Building

St Luke's Hospital Site

ARMAGH

BT61 7NQ

Tel: 028 3756 4151

E-mail: equality.unit@southerntrust.hscni.net

The closing date for responses is 5 October 2017.

Before you submit your response, please read the section on Freedom of Information Act 2000 and the confidentiality of responses to public consultation exercises at the end of the consultation questionnaire.

This consultation document also includes an assessment of the impact of the proposals on the nine equality categories as detailed in Section 75 of the Northern Ireland Act 1998. If you have any queries about this document, and its availability in alternative formats (including Braille, disk and audio cassette, and in minority languages to meet the needs of

those who are not fluent in English) then please contact the Equality Unit.

In compliance with legislative requirements, when making any final decision the Trust will take into account the feedback received from this consultation process. A consultation feedback report will be published on the Trust web site.

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- A copy of this consultation document is available on the Trust's website at <http://www.southerntrust.hscni.net>.
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SECTION 6

Equality Duties

Section 75 of the Northern Ireland Act 1998 requires the Trust, 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 dependants and persons without.

Without prejudice to its obligations above, the Trust must also have regard to the desirability of promoting good relations between persons of different religious belief, political opinion or racial group.

Under Section 49A of the Disability Discrimination Act 1995 (as amended) the Trust when carrying out its function must have due regard to the need to:

- Promote positive attitudes toward disabled people; and
- Encourage participation of disabled people in public life.

The Trust is committed to the promotion of human rights in all aspects of its work. The Human Rights Act gives effect in UK law to the European Convention on Human Rights and requires legislation to be interpreted so far as is possible in a way which is compatible with the Convention Rights. It is unlawful for a public authority to act incompatibly with the Convention Rights. The Trust will make sure that respect for human rights is at the core of its day to day work and is reflected in its decision making process.

The Equality Scheme outlines how we propose to fulfil our statutory duties. Within the Scheme, the Trust gave a commitment to apply the screening methodology below to all new and revised policies and where

necessary and appropriate to subject these policies to further equality impact assessment.

When screening policies/proposals the Trust will consider:

- What is the likely impact of equality of opportunity for those affected by this policy/proposal, for each of the Section 75 equality categories?
- Are there opportunities to better promote equality of opportunity for people within Section 75 equality categories?
- To what extent is the policy/proposal likely to impact on good relations between people of different religious belief, political opinion or racial group?
- Are there opportunities to better promote good relations between people of different religious belief, political opinion or racial group?

The possible screening outcomes include:

- The policy has been ‘screened in’ for equality impact assessment (Major Impact)
- The policy has been ‘screened out’ with mitigation or an alternative policy proposed to be adopted (Minor Impact)
- The policy has been ‘screened out’ without mitigation or an alternative policy proposed to be adopted (No Impact)

Equality Commission Guidance on setting budgets states that “There should be assessments of overall budget proposals at a strategic level. This should provide evidence of the **cumulative impacts**, i.e. consideration of the overall range of proposals and what impacts they might collectively have on the Section 75 categories.”

In keeping with the Trust’s commitments in its Equality Scheme the Trust has considered the above screening criteria in relation to the 2017/18 Savings Plan proposals. It is not possible at the present time to predict the precise nature of the equality, good relations and human rights impact of the 2017/18 Savings Plan proposals but the Trust is committed to an ongoing assessment.

Given the statutory imperative to achieve a balanced financial plan an indicative equality analysis on the proposals was completed. The outcomes of this analysis are set out in Appendix 1 in this public consultation document. The Trust will review the outcomes at the end of the 6 week consultation using any feedback received

An outcome paper will be presented to our Trust Board after the 6 week consultation. Please note all the proposals in the Savings Plan are temporary. Where proposals are considered to have significant impact in terms of equality of opportunity and good relations the Trust will consider the need for a full Equality Impact Assessment and further consultation as required. The Trust will review any proposals as part of our monitoring commitments in line with Equality Commission guidance.

The Table in Appendix 1 sets out the outcome and details which policies/proposals we feel are likely to have an impact on equality of opportunity or good relations. Screening assesses the likely impact as major, minor or none.

The Trust invites views on this screening assessment and will consider all feedback received during the consultation period which runs to 5 October 2017.

SECTION 7

Consultation Questionnaire

Southern Trust 2017/18 Savings Plan

The aim of this consultation is to obtain views from stakeholders and the Trust would be most grateful if you would respond by completing this questionnaire. Please answer each question by writing your comments in the space provided. The closing date for this consultation is 5 October 2017 and we need to receive your completed questionnaire on or before that date. You can respond to the consultation document by e-mail or letter as follows:

Equality Unit
Hill Building,
St Luke's Hospital
Armagh
BT61 7NQ

Tel: 028 3756 4151 E-mail: equality.unit@southerntrust.hscni.net

So that we can acknowledge receipt of your comments please fill in your name and address or that of your organisation. You may withhold this information if you wish but we will not then be able to acknowledge receipt of your comments.

Name:	Click here to enter text.
Position:	Click here to enter text.
Organisation (if appropriate):	Click here to enter text.
Address:	Click here to enter text.
Click here to enter text.	
Click here to enter text.	

I am responding: as an individual on behalf of an organisation

1. This document sets out a range of proposals to contribute to the Trust's share of a regional £70m in-year savings plan.

Question: Do you consider that the Trust has identified reasonable actions to deliver our share of this regional savings plan given the timescale available and principles of safety, deliverability, impact and strategic direction?

Click here to enter text.

2. The Trust has identified that if implemented some of these proposed actions are likely to have some impact on the delivery of front line services.

Question: Do you consider that there are any alternative proposals that could be brought forward that would deliver the equivalent reduced spend in-year, taking account of the principles set out in this document? If so please describe the nature of these alternative proposals below.

Click here to enter text.

3. In setting out these proposals for spend reduction in-year, the Trust has indicated the expected impact on service delivery.

Question: Can you propose any further actions that could be taken to manage the risks presented due to the impact of the implementation of these proposals? Please set out your response below.

Click here to enter text.

4. An outcome of initial equality screening considerations is available in Appendix 1.

Please detail below your views on the assessed impact of the proposals and any other potential impacts you feel we should consider.

Click here to enter text.

- 5. The Rural Needs Act places a duty on public authorities, including government departments, to have due regard to rural needs when developing, adopting, implementing or revising policies, strategies and plans and when designing and delivering public services.**

Question: Do you have any evidence to suggest that the proposals within our plan would create an adverse differential impact? Please set out your response below.

Click here to enter text.

6. General comments

Please provide any other comments

Click here to enter text.

Before you submit your response, please read the following section on Freedom of Information Act 2000 and the confidentiality of responses to public consultation exercises.

Trust Response and Freedom of Information Act (2000)

The Southern Health and Social Care Trust will publish an anonymised summary of the responses received to our consultation process. However, under the Freedom of Information Act (FOIA) 2000, particular responses may be disclosed on request, unless an exemption(s) under the legislation applies.

Under the FOIA anyone has the right to request access to information held by public authorities; the Southern Trust is such a public body. Trust decisions in relation to the release of information that the Trust holds are governed by various pieces of legislation, and as such the Trust cannot automatically consider responses received as part of any consultation process as exempt. However, confidentiality issues will be carefully considered before any disclosures are made.

Thank you for taking the time to complete this questionnaire.

Equality Screening – Initial Assessment

The four screening questions that have been applied to the proposals are:

- What is the likely impact on equality of opportunity for those affected by this policy, for each of the Section 75 equality categories? (minor/major/none)
- Are there opportunities to better promote equality of opportunity for people within the Section 75 equality categories?
- To what extent is the policy likely to impact on good relations between people of a different religious belief, political opinion or racial group? (minor/major/none)
- Are there opportunities to better promote good relations between people of a different religious belief, political opinion or racial group?

Outcome of screening

- Major Impact - The policy has been ‘screened in’ for consideration of an EQIA (Equality Impact Assessment)
- Minor Impact - The policy has been ‘screened out’ with mitigation or an alternative policy proposed or adopted
- No Impact - The policy has been ‘screened out’ without mitigation or an alternative policy proposed to be adopted.

No	Proposal Title	Description	Initial Screening Outcome		
			Major	Minor	Little or No Impact
1	Natural ‘Slippage’ on allocations	<p>Natural ‘Slippage’ refers to the difference in ‘time’ from when a financial allocation is made available to the time in which the allocation can reasonably start to accrue expenditure.</p> <p>Specific areas in 2017/18 that will contribute to the Trust’s savings plan include Dungannon supported living scheme, transitional funding for learning disability services and delays in implementation of rapid access models.</p>			✓
2	Staff Turnover/Vacancy	<p>This saving relates to the natural turnover rates for staff leaving and joining the Trust.</p> <p>Savings will be achieved through deferring timelines as posts become vacant and also</p>			✓

No	Proposal Title	Description	Initial Screening Outcome		
			Major	Minor	Little or No Impact
		<p>by holding posts that are currently sitting vacant during 2017/18.</p> <p>Saving is largely being made from functions such as Information Technology, estates, human resources and finance.</p>			
3	Natural 'Slippage' on Demography funding.	<p>The Trust has local service pressures/demand that cost approximately £6.1m for a full year.</p> <p>In 2017/18, full year allocations have been made late in the year making it difficult to expend the full year allocation for the purpose for which it is intended in the remaining months of 2017/18. The Trust will commence the investment in the appropriate areas, however, given the timing of the allocation will at best achieve 6 months spend in this financial year, with the full 12 months spend being secured on a recurrent/permanent basis with effect from 1st April 2018.</p>			✓
4	Discretionary Goods and Services	<p>The Trust will make efficiencies on non-direct patient/client care goods and services areas of expenditure.</p> <p>In 2017/18, targeted actions will be taken to further reduce discretionary non patient care goods and services including non-medical equipment, furniture, printing and publications.</p>			✓
5	New Procurement Arrangements.	<p>Efficiencies from bulk buying of water filters.</p> <p>The Trust will implement new bulk purchase arrangements for water filters to achieve reduced spend on procurement of water filters in 2017/18. There will be no impact on services.</p>			✓
6	Procurement of Community Equipment	<p>Change from provision of single use small aids and appliances, redeemed from local pharmacies via voucher scheme, to the Regional Business Services Organisation provided function with home delivery, including recycled, decontamination goods of the same specification.</p>		✓	