

## **NICCY Advice on Health and Social Care Trust 2017/18 Financial Planning and Savings Plan Consultations**

**5 October 2017**

The Office of the Commissioner for Children and Young People (NICCY) was created in accordance with 'The Commissioner for Children and Young People (Northern Ireland) Order' (2003) to safeguard and promote the rights and best interests of children and young people in Northern Ireland. Under Articles 7(2) and (3) of this legislation, NICCY has a mandate to keep under review the adequacy and effectiveness of law, practice and services relating to the rights and best interests of children and young people by relevant authorities. Under Article 7(4), NICCY has a statutory duty to advise any relevant authority on matters concerning the rights or best interests of children and young persons. The Commissioner's remit includes children and young people from birth up to 18 years, or 21 years, if the young person is disabled or in the care of social services. In carrying out her functions, the Commissioner's paramount consideration is the rights of the child or young person, having particular regard to their wishes and feelings. In exercising her functions, the Commissioner has regard to all relevant provisions of the United Nations Convention on the Rights of the Child (UNCRC).

NICCY welcomes the opportunity to provide comment on the 2017/18 Financial Planning Savings Plan consultation. Please note that this is not a comprehensive response but instead sets out a number of key points which are relevant to all Health and Social Care Trusts (HSCTs) and highlights a small number of examples from individual Trusts.

### **Children's Rights Approach to Budgets and Financial Planning**

The Commissioner for Children and Young People has a particular focus on public spending on children, as this is one of the key ways of determining a government's priorities.

Article 4 of the United Nations Convention on the Rights of the Child sets out that:

‘States Parties shall undertake all appropriate legislative, administrative, and other measures for the implementation of the rights recognized in the present Convention. With regard to economic, social and cultural rights, States Parties shall undertake such measures to the maximum extent of their available resources and, where needed, within the framework of international co-operation.’

A working group of United Nations Committee on the Rights of the Child (2009) has highlighted concern with how States may understand the phrase ‘to the maximum extent of their available resources’.

‘Some States have unfortunately understood progressive realization to mean that their obligations to implement economic, social and cultural rights are of a less urgent nature and can be postponed until a more economically prosperous time.’

The Committee has made it clear that, even under periods of recession, Governments have a responsibility to continue to progressively realise children’s rights. This has been reiterated in the Committee’s 2016 General Comment No.19 on public budgeting for the realization of children’s rights. Further to this, in their 2016 examination of how effectively the UK Government and devolved administrations were meeting their obligations under the Convention, the Committee recommended that child rights impact assessments of budgetary and economic decision making processes and outcomes, including austerity measures, in areas that are directly or indirectly related to children’s rights must be conducted regularly.

NICCY would urge Health and Social Care Trusts to closely assess the Financial Planning Savings Plans to ensure that as much protection as possible is given to all frontline services for the most vulnerable sections of our communities, particularly children and young people. Children and young people are those whose life chances are greatly affected by the care, treatment and intervention that is given to them in their critical early years and at key points throughout their childhood. **Financial Planning Savings Plans should be subject to a child rights impact assessment.**

### **Comments regarding all Savings Plans**

While NICCY acknowledges the statutory requirement placed on HSCTs to achieve

financial balance by the end of the year and therefore achieve £70million in-year savings, we must highlight our concern that the consultation period of six weeks does not allow effective or meaningful consultation, particularly with vulnerable groups who are likely to be most affected by the proposals. We also understand that easy read materials were not available for the first period of the six week timeframe. **We request information on HSCT engagement with children and young people during the consultation process.**

NICCY recognises the considerable financial pressures placed on Trusts, including through demographic changes and the development of new technologies and treatments. A number of reviews have now reported on reforming the health and social care system in Northern Ireland and all have highlighted the need for fundamental reform to ensure that health and social care services are strengthened and able to meet the needs of our population. It is concerning both that current savings pressures will detract from a more fundamental debate about health and social care reform and that savings will be planned as services are preparing for the winter period when demand on key parts of the system is subject to increased pressure.

We also note that Government Departments are currently unable to access funds through governmental monitoring round allocations. We acknowledge that this may place further strain on statutory agencies which may have previously benefitted from Departmental allocations. On a separate point, it would be helpful to be provided with detail outlining how the proportion of required savings assigned to each HSCT has been calculated. We also note that the Northern Ireland Ambulance Service (one of the six HSCTs) is not consulting on Savings Plans as part of this process.

In relation to Section 3 Savings Plans which are regarded as having no or low impact, we note that savings, such as, through slippage or delays in new service developments, resettlement and recruitment may have a significant impact on groups within section 75 categories (including children and young people) depending on the nature of the services and service users that are affected. **NICCY's view is that such Section 3 proposals require more detailed information to be provided and then considered before they can be assessed as having no or little impact.** We also note the obligation placed on Trusts to further consult on Section 3 proposals if a temporary change or withdrawal of services is extended beyond 2017/18 or becomes permanent.

In considering Section 4 Savings Plans across HSCTs we highlight that in developing

proposals against the four principles of safety, impact, deliverability and strategic direction that **all HSCTs should consider the safety of proposals as the foremost principle to consider**. It is concerning that this was not the case across all Savings Plans.

We note that while throughout the Savings Plans limited reference is made to children and young people they will, of course, be significantly affected by the full range of changes outlined. This will include reductions in bed capacity across a range of care settings, downturning of elective services, increases in waiting times (including in accident and emergency departments), delays in service developments and reductions in staffing. Trust Savings Plans should also highlight how regional or sub regional services for children and young people which they operate will be impacted by proposals. **All HSCTs should identify how children and young people are likely to be impacted by proposals, including within social care services.**

As set out in the Equality Commission for Northern Ireland's publication Section 75 of the Northern Ireland Act 1998 A Guide for Public Authorities (April 2010):

'The Northern Ireland Act 1998, Schedule 9 (4) (2) (b), requires public authorities to assess the likely impact of their policies on the promotion of equality of opportunity. The Commission recommends that effective assessment of the equality implications of a policy includes screening of all policies... and consideration of undertaking an equality impact assessment.' Page 13

'Most policies are not static, but dynamic. Policies are often reviewed and amended, or the way they are implemented changes, in response to new situations. The Section 75 statutory duties should be utilised as a developmental aid for policy development. Changes to a policy that are likely to have an impact on access to equality of opportunity and good relations should be assessed for such impact in the same way as an original, existing or new policy is assessed. The Commission recommends that such an assessment of a policy includes the screening of the policy (Annex 1) and consideration of subjecting the policy to an equality impact assessment.' Page 31

HSCT Savings Plans proposals represent a range of proposed changes to a number of policies and services and each should be screened and assessed accordingly. Where potential for adverse impact is identified in relation to any of the section 75 categories, this must be mitigated against or an alternative proposal progressed which will further the policy aims without having an adverse impact on enjoyment of equality of opportunity. There is a clear statutory obligation on designated public bodies to take action to address the adverse impact as a result of the proposals.

We must highlight the important role of section 75 obligations in protecting children and young people as well as other groups with particular vulnerabilities, needs and multiple identities. It is disappointing that **HSCTs have not undertaken appropriate screening or full equality impact assessment exercises as part of the current consultation process and this should be remedied as a matter of urgency.**

### **Comments regarding specific Savings Plans**

#### **Belfast HSCT (savings of £26.3 million)**

- Safety rather than deliverability should be first principle considered in developing savings plans.
- In relation to Section 3 proposals, we note that significant savings are estimated from slippage of £7.7million and request detail on the likely services this would be otherwise allocated to.
- We note that the Trust considers all Section 4 proposals as having major impacts and that in discussing agency workforce, bed closures and downturning services including elective treatments it recognised “that delays in some routine treatments may potentially lead to some patients ultimately requiring access to urgent care.” We highlighted that in addition to serious and adverse health impacts on individuals such delay and consequent requirement for urgent or acute care will carry significant financial costs for services. This applies equally to all Trusts identifying such proposals.
- We note that reductions in access to domiciliary care and direct payments will impact significantly on individuals and also those who care for and support them (including young carers) and that the deferment of high cost drug treatment and use of suitable alternative licensed treatments will raise concerns for many individuals.

#### **Northern Health and Social Care Trust (savings of £13million)**

- Safety should be first principle considered not ability to deliver.
- We note that Section 3 savings proposals include natural slippage on resettlement from Muckamore and deferral of service developments in mental health and disability posts and note concern that these are regarded as having little or no impact and that the Trust should review this.
- In considering Section 4 proposals, we note that these include reducing non-contract agency nursing staff and the use of locum staff as well as reductions in acute and rehabilitation beds, a downturn in elective and unscheduled services and ceasing

domiciliary meals provision. We again highlight the significant health impacts this may have not only on individuals but also on health and social care services where more urgent and intensive care and support may consequently be required. NICCY notes that the Trust states that at “this time we will seek to maintain emergency care.”

- In regard to the proposal to reduce use of private non-emergency ambulance transport we note no detail is provided on how the Ambulance Service will be able to respond to this.

### **South Eastern Health and Social Care Trust (savings of 10.8million)**

- Section 3 proposals include replacing agency and external staff with in-house staff locum doctors in child health and we note that robust arrangements should be in place to ensure there is no disruption to services.
- Section 4 proposals, including a reduction in locum expenditure within emergency care and reduction in elective surgeries, will again effect a wide range of services and individuals, including children and young people. Whilst the Trust is not reducing agency staff spend on qualified nursing posts (due to safety concerns), we note that other posts will be impacted including in Allied Health Professions and children’s social care and highlight the importance of giving consideration to the full impact of this in meeting children and young people’s needs.

### **Southern Health and Social Care Trust (saving of 6.4 million)**

- In relation to Section 3 plans, such as, staff vacancies not being filled and slippage on demography funding including children’s services and acute care we again note that proposals are assessed as having no or little impact and that further detail on the services and groups of children affected is required to ensure this.
- We note that the only Section 4 proposal included is in regard to the procurement of community equipment.

### **Western Health and Social Care Trust (savings of 12.5 million)**

- In relation to Section 4 plans we highlight that reduction in the use of non NHS locum, nursing and agency social work staff along with bed closures and an increase in routine care waiting times and reduction in elective procedures will impact on children and young people.
- We note that the Trust has stated that reductions or delays in service developments will not extend to learning disability or disability programmes of care.
- We note with concern that the proposal to remodel the SWAH neonatal service

provision and also the Older Persons Assessment and Liaison Service do not appear to be screened in for equality impact assessment and are considered as having a minor impact. In relation to neonatal care, the Trust should urgently reconsider the need to screen and impact assess proposals to manage neonatal babies within the maternity ward and address the impact this may have on capacity both within the maternity ward and also the neonatal retrieval team and regional neonatal network of care.

## **Conclusion**

As outlined above, NICCY notes that all HSCTs should:

- Ensure Financial Planning Savings Plans are subject to a child rights impact assessment.
- Provide information on engagement with children and young people during the consultation process.
- Ensure the safety of proposals as the foremost principle to consider in identifying savings proposals.
- Properly identify how children and young people are likely to be impacted by proposals, including within social care services. This should include further review of Section 3 savings proposals (such as delays in service developments or in recruitment) and Section 4 proposals assessed as having minor impact (such as remodelling the SWAH neonatal service) before they can be properly assessed as having no or little impact.
- In addition to review the screening of proposals and the policies affected Trusts should undertake full equality impact assessment exercises which identify mitigation measures or alternatives as a matter of urgency.