

Rural Needs Impact Assessment

SECTION 1 - Defining the activity subject to Section 1(1) of the Rural Needs Act (NI) 2016

1A. Name of Public Authority.

Public Health Agency

1B. Please provide a short title which describes the activity being undertaken by the PHA that is subject to Section 1(1) of the Rural Needs Act (NI) 2016.

Delivery of the Substance Use Strategic Commissioning and Implementation Plan which has been jointly produced by the Public Health Agency (PHA) and the Department of Health's Strategic Planning and Performance Group (SPPG).

1C. Please indicate which category the activity specified in Section 1B above relates to.

Developing a	Policy <input type="checkbox"/>	Strategy <input type="checkbox"/>	Plan <input type="checkbox"/>
Adopting a	Policy <input type="checkbox"/>	Strategy <input type="checkbox"/>	Plan <input type="checkbox"/>
Implementing a	Policy <input type="checkbox"/>	Strategy <input type="checkbox"/>	Plan <input checked="" type="checkbox"/>
Revising a	Policy <input type="checkbox"/>	Strategy <input type="checkbox"/>	Plan <input type="checkbox"/>
Designing a Public Service	<input type="checkbox"/>		
Delivering a Public Service	<input type="checkbox"/>		

1D. Please provide the official title (if any) of the Policy, Strategy, Plan or Public Service document or initiative relating to the category indicated in Section 1C above.

Substance Use Strategic Commissioning and Implementation Plan

1E. Please provide details of the aims and/or objectives of the Policy, Strategy, Plan or Public Service.

The Substance Use Strategic Commissioning and Implementation Plan (hereafter referred to as the *Plan*) sets out an implementation path for the health and social care commitments as set out in the Department of Health's Preventing Harm, Empowering Recovery - A Strategic Framework to Tackle the Harm from Substance Use (2021-31).

In addition to the health and social care commitments set out in the Department of Health's document, the *Plan* also confirms a number of additional commissioning priorities and other actions that will be taken forward by the PHA and SPPG.

The *Plan* and the subsequent delivery of the commitments made within it are underpinned by a number of important Principles, namely:

Human Rights

- The application of basic rights and freedoms regardless of where you are from, status, religious beliefs or how someone chooses to live their life.

HSC Value Based Care

- A commitment to providing safe, timely, person-centred, inclusive care that has a 'no wrong door' approach.

Partnership Working, Co-Production and Shared Responsibility

- The need to ensure that people with lived and living experience, their families and carers, are at the centre of the design, delivery and review of HSC services

Inclusion Health

- To address the inequalities that exist, the need to improve the targeting of more intensive interventions and increasing accessibility for those most at risk of exclusion

Research, Evidence and Evaluation

- The need to use high quality and up-to-date evidence to inform and evaluate the services we design and commission

Quality Improvement

- The need to utilise evidence to actively promote innovation and quality improvement approaches to service transformation.

Through its implementation the *Plan* aims to continue to deliver and build on what is working well within the substance use arena, whilst also targeting resources across the following eight strategic priority areas:

1. Prevention and Early Intervention
2. Pathways of Care and Models of Support
3. Trauma Informed System
4. Family Support
5. Stigma
6. Workforce Development
7. Digital Innovation
8. Data and Research

Within each of the strategic priority areas, a number of discreet actions are set out with indicative timeframes for commencement in the short term (Jan 2025) the medium term (Jan 2026) or the longer term (Jan 2027).

Through its delivery, the objectives of the *Plan* are to:

- ensure more people get the right, high quality treatment and support, at the right time and in the right place;
- reduce the harm caused by substance use;
- remove the stigma surrounding substance use;
- empower more people to keep getting better; and
- embed multi-disciplinary partnership working across sectors

1F. What definition of 'rural' is the PHA using in respect of the Policy, Strategy, Plan or Public Service?

Population Settlements of less than 5,000 (Default definition).

Other Definition (Provide details and the rationale below).

A definition of 'rural' is not applicable.

Details of alternative definition of 'rural' used.

N/A

Rationale for using alternative definition of 'rural'.

N/A

Reasons why a definition of 'rural' is not applicable.

N/A

SECTION 2 - Understanding the impact of the Policy, Strategy, Plan or Public Service

2A. Is the Policy, Strategy, Plan or Public Service likely to impact on people in rural areas?

Yes No If the response is **NO** GO TO Section **2E**.

2B. Please explain how the Policy, Strategy, Plan or Public Service is likely to impact on people in rural areas.

The *Plan* sets out a transformative programme of work designed to ensure that people receive access to the right, high quality treatment and support, at the right time and in the right place.

Given that Northern Ireland (NI) is a predominately rural country, to meet this vision, there will be a need to consider a place-based approach to the commissioning and implementation of the *Plan*. This approach will necessitate developing an understanding of the issues, interconnections and relationships in a place and coordinating action and investment to improve the quality of life for that community.

Strategic priority two of the *Plan* is in relation to 'Pathways of Care and Models of Support' which recognises the service access challenges faced by rural populations. Through this priority area a focus will be placed as to how the provision of services to rural populations can be enhanced as a means to meet the stated objectives of the *Plan* (see section 1E).

2C. If the Policy, Strategy, Plan or Public Service is likely to impact on people in rural areas differently from people in urban areas, please explain how it is likely to impact on people in rural areas differently.

The *Plan* recognises that much of service provision in relation to substance use exists within large urban centres within NI. As outlined in section 2B, through its implementation, the *Plan* aims to improve the access to services for those living in rural areas.

2D. Please indicate which of the following rural policy areas the Policy, Strategy, Plan or Public Service is likely to primarily impact on.

Rural Business

Rural Tourism

Rural Housing

Jobs or Employment in Rural Areas

Education or Training in Rural Areas	<input type="checkbox"/>
Broadband or Mobile Communications in Rural Areas	<input type="checkbox"/>
Transport Services of Infrastructure in Rural Areas	<input type="checkbox"/>
Health of Social Care Services in Rural Areas	<input checked="" type="checkbox"/>
Poverty in Rural Areas	<input type="checkbox"/>
Deprivation in Rural Areas	<input type="checkbox"/>
Rural Crime or Community Safety	<input type="checkbox"/>
Rural Development	<input type="checkbox"/>
Agri-Environment	<input type="checkbox"/>
Other (Please state)	<input type="text"/>

If the response to Section 2A was **YES** GO TO Section 3A.

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

N/A

SECTION 3 - Identifying the Social and Economic Needs of Persons in Rural Areas

3A. Has the PHA taken steps to identify the social and economic needs of people in rural areas that are relevant to the Policy, Strategy, Plan or Public Service?

Yes No If the response is **NO** GO TO Section 3E.

3B. Please indicate which of the following methods or information sources were used by the PHA to identify the social and economic needs of people in rural areas.

Consultation with Rural Stakeholders	<input type="checkbox"/>	Published Statistics	<input checked="" type="checkbox"/>
Consultation with Other Organisations	<input checked="" type="checkbox"/>	Research Papers	<input type="checkbox"/>
Surveys or Questionnaires	<input type="checkbox"/>	Other Publications	<input checked="" type="checkbox"/>
Other Methods or Information Sources (include details in Question 3C below).			<input type="checkbox"/>

3C. Please provide details of the methods and information sources used to identify the social and economic needs of people in rural areas including relevant dates, names of organisations, titles of publications, website references, details of surveys or consultations undertaken etc.

1. Substance Use Strategy 2021-31 (DoH) [doh-substanceuse-strategy-2021-31.pdf \(health-ni.gov.uk\)](#)
2. Substance Use Strategy 2021-31 (DoH) Rural Impact Assessment Screening [doh-sus-rias.pdf \(health-ni.gov.uk\)](#)
3. Protect Life 2 Strategy [Protect Life 2 - Suicide Prevention Strategy | Department of Health \(health-ni.gov.uk\)](#)
4. DoH Health Inequalities Report 2022 [Health Inequalities Annual Report 2022 \(health-ni.gov.uk\)](#)
5. Daera, [Tackling rural poverty and social inclusion - 2016 - A new Framework \(daera-ni.gov.uk\)](#)
6. Key Rural issues NI 2021 [Key Rural Issues 2021.pdf \(daera-ni.gov.uk\)](#)
7. NIA Research and Library Service Briefing Paper, 2010 [Key health issues affecting rural communities \(niassembly.gov.uk\)](#)
8. NINIS/NISRA statistics [Home - NINIS: Northern Ireland Neighbourhood Information Service \(nisra.gov.uk\)](#)
9. PHA quarterly Performance Monitoring Reports - these reports are returned by all service providers on a quarterly basis and provide scope for information to be set out in respect of how each service considers of the needs of people in rural areas. Reports are reviewed on both a quarterly and annual basis by staff within the PHA.
10. The Substance Use Strategic Commissioning and Implementation Plan was created through a process of expansive and meaningful partnership working. The *Plan* was informed by a broad range of stakeholders including not only statutory, community and voluntary services, but also individuals with lived and living experience of substance use.

3D. Please provide details of the social and economic needs of people in rural areas which have been identified by the PHA?

Deprivation

- Alcohol, smoking and drug related indicators have some of the largest health inequalities in NI. By way of example, alcohol specific mortality in the most deprived areas remained around four times that in the least deprived areas and drug related mortality was over four and half times that in the least deprived areas. While it is often assumed that rural areas are more deprived than urban there is no discernible data to show this and this in itself would not show a causal link between rural living and problems with alcohol and/or drug use.
- DoH Health Inequalities Report 2022 [Health Inequalities Annual Report 2022 \(health-ni.gov.uk\)](#)

Demography - Age, Sexual Orientation and Ethnicity

- Compared with the 2001 Census, the number of people aged 65 years and over living in NI increased by 18 per cent (40,400) to 263,700 on Census Day 2011. Between 2002 and 2012, the number of people aged 60-84 rose by 20%, while those aged 85+ rose by 38%. Data also shows that rural areas have a higher proportion of older people than urban areas.

- The Departmental Health Survey records sexual orientation; however, the sample numbers limit additional analysis (in the 2019/20 survey 96% of respondents indicated they were straight/heterosexual, 2% gay/lesbian/bisexual, and 2% indicated other/don't know or did not provide a response. It is expected, although not statistically established, that the majority of those who identify as gay/lesbian/bisexual live in urban areas and therefore it is anticipated there would be no differential impact between rural/urban areas in relation to sexual orientation.
- The ethnic background of people in rural areas in NI are different than people in urban areas. In general, in rural areas less people are from outside NI and tend to have longer family roots in NI. Whilst there is data on how different ethnic groups have different rates and experiences of substance use problems in NI, there are less black and ethnic minority groups in rural areas therefore it is expected that such issues will not affect rural areas worse than urban areas due to the ethnic profile of people.
- NINIS/NISRA statistics [Home - NINIS: Northern Ireland Neighbourhood Information Service \(nisra.gov.uk\)](#)

Access to services

- Much of HSC provision exists within large urban centres, however NI is a predominately rural country. In terms of physical connectivity, access to service is hindered by the availability of public transport in rural areas which is inferior to that in towns and cities. Given the same, rural dwellers may be less likely to access services if the programme is delivered at a time that has limited transport availability. This includes considerations around longer driving times and timing of appointments compared to public transport availability. This has a further effect for those with childcare or caring responsibilities.
- Although improving, both availability and wider speed of broadband speeds, are still much lower in rural than in urban areas, due in part to the disparity in infrastructure costs. This issue is particularly pronounced in NI, due to how the rural population is distributed. For some rural properties, access to a functional broadband connection remains an issue, with 19% of internet-enabled rural premises in NI still unable to achieve a 'decent' broadband speed in 2021. Access to broadband (and the associated financial costs) may impact on the person's ability to engage with a service via video-call.
- Daera, [Tackling rural poverty and social inclusion - 2016 - A new Framework \(daera-ni.gov.uk\)](#)
- Key Rural issues NI 2021 [Key Rural Issues 2021.pdf \(daera-ni.gov.uk\)](#)

Social Factors

- People in rural areas tend to come from a culture of self-sufficiency which brings with it a reluctance to seek outside help, an issue exacerbated in areas associated with known stigma like that of substance use. Rural dwellers are also more likely to suffer higher levels of loneliness and social exclusion than their urban counterparts.
- NIA Research and Library Service Briefing Paper, 2010, [Key health issues affecting rural communities \(niassembly.gov.uk\)](#)

If the response to Section 3A was YES GO TO Section 4A.

3E. Please explain why no steps were taken by the PHA to identify the social and economic needs of people in rural areas?

N/A

SECTION 4 - Considering the Social and Economic Needs of Persons in Rural Areas

4A. Please provide details of the issues considered in relation to the social and economic needs of people in rural areas.

This impact assessment acknowledges the service access issues faced by rural dwellers compared to their urban counterparts. Although this issue traditionally relates to the urban location of services, given the increasing prevalence of remote delivery, rural dwellers are now hampered by a disparity in broadband speeds which has the potential to further limit service access.

The *Plan* upon which this assessment is undertaken, recognises that much of service provision in relation to substance use exists within large urban centres within Northern Ireland and thorough its implementation, will aim to improve the access to services for those living in rural areas.

This assessment acknowledges the impact of stigma which may be more pronounced in rural areas given the perception that these communities are more closely bound and have longer family roots than their urban equivalents. Stigma exists as one of the eight strategic priority areas of the *Plan* with an aim to proactively contribute to developing a stigma free culture in NI.

SECTION 5 - Influencing the Policy, Strategy, Plan or Public Service

5A. Has the development, adoption, implementation or revising of the Policy, Strategy or Plan, or the design or delivery of the Public Service, been influenced by the rural needs identified?

Yes No If the response is **NO** GO TO Section **5C**.

5B. Please explain how the development, adoption, implementation or revising of the Policy, Strategy or Plan, or the design or delivery of the Public Service, has been influenced by the rural needs identified.

The *Plan* upon which this assessment is undertaken, sets out a means through which the health and social care system can continue to address and build on the harms caused by substance use across NI. The *Plan* recognises the issues faced by rural communities and will place a focus as to how the provision of services to rural populations can be enhanced as a means to meet the stated objectives of the *Plan*.

Through its development the *Plan* has been informed by the urban and rural voices of people from across NI with living and lived experience of substance use. NI wide engagement will be again be offered via a Public Consultation process which will begin in July 2023. The PHA and SPPG will review any additional considerations in respect of the rural populous as they are submitted.

If the response to Section 5A was YES GO TO Section 6A.

5C. Please explain why the development, adoption, implementation or revising of the Policy, Strategy or Plan, or the design or the delivery of the Public Service, has NOT been influenced by the rural needs identified.

N/A

SECTION 6 - Documenting and Recording

6A. Please tick below to confirm that the RNIA Template will be retained by the PHA 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:	
Grade:	Senior Planning Manager (Afc Band 8A)
Directorate:	Operations - PHA
Signature:	
Date:	
Rural Needs Impact Assessment approved by:	
Grade:	
Directorate:	
Signature:	
Date:	