

Rural Needs Impact Assessment

Section 1: Define activity subject to Section 1(1) of Rural Needs Act (NI) 2016

1A. Short title describing activity being undertaken that is subject to Section 1(1) of the Rural Needs Act (NI) 2016:

Southern Health and Social Care Trust (SHSCT) response to outbreak of COVID-19 virus.

1B. Are you Developing, Adopting, Implementing or Revising a Policy a Strategy or a Plan? (Underline or Circle) Or are you delivering or designing a public service? (Underline or Circle)

This is a new plan to deliver a public service during the outbreak of COVID-19 virus.

1C. Give details of the aims and/or objectives of the Policy, Strategy, Plan or Public Service:

On 11th March 2020, the World Health Organisation officially declared Covid-19 a pandemic due to the speed and scale of transmission of the virus. As a result the Health and Social Care sector is facing unprecedented pressures in their primary aims to:

- (i) Safeguard lives by reducing the further spread of the Covid-19 virus;
- (ii) Prevent the HSC system from becoming overwhelmed due to the Covid-19 pandemic and the demands this is placing on the whole HSC system.

The Covid-19 Emergency has prompted the need to adopt new ways of working to balance the challenges of protecting the health of the population and safeguarding the health and wellbeing of the most vulnerable people in the community, whilst continuing to delivery high quality, safe patient/client services and a safe working environment for staff and all those who come into contact with our services. The SHSCT, as will the wider HSC sector, continue to collaborate and examine all options as they face and adapt to the challenges posed by this pandemic.

The HSC system has been working collaboratively to address the significant unprecedented pressures facing HSC during the COVID-19 pandemic. The Health Protection (Coronavirus Restrictions) Regulations 2020 were made in response to the serious and imminent threat to public health posed by the incidence and spread of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) in Northern Ireland. The Department of Health considers that the restrictions and requirements imposed by these Regulations are proportionate to what they seek to achieve, which is a public health response to that threat. The Trust has acted in accordance with these regulations.

In order to meet the needs of our population and ensure the safety of our staff, key actions outlined below were taken to ensure sufficient capacity within the system to meet the expected increase in demand from patients contracting COVID-19. This is a dynamic plan, based on planning assumptions available to HSC, and will be constantly refined in light of emerging issues. Planning assumptions provided to HSC indicated that, in a reasonable worst case scenario, if we failed as a community to take action to slow down the transmission of the virus in line with the recommended public health guidance, up to 80% of the Northern Ireland population would be infected during this epidemic. Up to half of these could have

potentially occurred in a period of three weeks, centred around the peak. Conversely, assumptions suggested that if social distancing and other measures were implemented by the population, with a combined effect they could reduce the peak by some 50% and reduce deaths by up to a third. Planning assumptions also indicated that 8% of infected people would require hospitalisation, 0.7% would require critical care, and 1% would die, although these figures were predicted to vary highly depending on age and other health factors.

During this emergency Trust service areas will focus on essential work in order to maximise the number of staff and resources available in order to achieve the stated aims above. In so doing, the Trust has prepared a surge plan which has resulted in the reconfiguration of some of its services, as temporary measures. This together with steps taken to postpone e.g. non-urgent elective appointments are essentially aimed at creating capacity within the system by freeing up staff and resources to respond to emerging needs/demands. In parallel, the regional workforce appeal and other associated workforce measures (eg volunteering, deployment of final year nursing and medical students, call for retired employees to return to service etc) were implemented to increase capacity within the Trust and across the wider HSC.

Temporary measures listed below were taken to best deal with the demands and consequences of COVID-19. These have had to be taken with the utmost urgency to protect life and address urgent public health matters. Urgent changes and reconfiguration of services have been essential across the system at both an acute and community level to ensure that there is sufficient capacity within the system to meet the expected increase in demand from patients contracting COVID-19 during this period. Some examples of service reconfiguration include:

Changes to Children and Maternity Services - this latest phase of planning for the expected surge in the increasing numbers of Covid-19 patients across NI, aims to protect children and maternity services while freeing up bed space for the sickest of patients. In the Southern Trust these plans involve temporarily moving all inpatients paediatric care to the Blossom Childrens and Young People's Centre at Craigavon. All other services – special care baby unit, maternity and paediatric assessment will continue from Daisy Hill Hospital.

Mental Health Emergency Assessment Unit - A new Mental Health Emergency Assessment Unit has been set up to take crisis referrals during this time. Based in the Ferns Resource Centre in the Bluestone Unit - the service will accept suitable referrals from GPs, NIAS, PSNI and the Emergency Department 24 hours a day, seven days a week. The team will act as a gatekeeper for admission to acute mental health care, provide crisis response to patients and provide a psychiatric liaison service for acute hospital services.

ED Department - Southern Trust has temporarily only one ED department based at Craigavon Area Hospital which serves a population of approximately 387,162 (as at 30th June 2019). This has been divided in two departments – a Respiratory Emergency Department and a Non-Respiratory Emergency Department based in the Ramone Building.

New Community Rapid Response Team – to keep as many patients at home during this time the Community Respiratory and Heart Failure Teams have now joined the Acute Care at Home service to form an enhanced community rapid response multi-disciplinary team. The Community Rapid Response Team offers GPs, hospitals and NIAS one single point of contact for referral and support 7 days a week.

Day Centres - have been temporarily closed to protect the health and wellbeing of service users in accordance with Government advice on social distancing measures.

City Hospital to be NI first Nightingale Hospital – The Department of Health has designated the Belfast City Hospital's Tower Block as NI's first

Nightingale Hospital for the anticipated surge of Covid-19 patients. This will be a 230 bed regional facility staffed by a team drawn from across Northern Ireland and will mean that a proportion of current non-Covid patients in the Tower Block will receive their care in an alternative location within Belfast Trust area.

Appointments - many appointments and essential information provision is being provided via telephone to try to prevent the spread of the infection and to maintain social distancing measures. Some clinics have been postponed until further notice.

Workforce - recently retired HSC staff are being encouraged to come back into the workforce. This measure combined with the regional workforce appeal is designed to provide additional capacity at this challenging time. Final year nurses and doctors have also joined the workforce to support their colleagues in the fight against the Covid-19 virus.

Visitation - visiting restrictions have been implemented across the wards, including routine visits from the advocacy service. Alternative technological solutions are in place to facilitate continued family/carer contact.

The pace and scale of change required is unparalleled and one of the greatest challenges faced by the HSC System in NI and the NHS as a whole. Some Trust staff will need to be redeployed and reskilled to respond to emerging demands and to support e.g. the independent care home sector. The surge plan for Southern Trust will therefore be dynamic and responsive to emerging needs/demands.

It is predicted that the peak of the pandemic will come during mid-April 2020 i.e. 6th to the 20th April. The precise scale is difficult to exactly predict, and is being determined on the best available intelligence and is constantly under review utilising available medical evidence, data, research and emergent trends/experience from other jurisdictions/countries.

The above list of service measures are for illustrative purposes and are by no means exhaustive.

Further actions along with mitigating measures will be taken on as and when required/necessary.

NB: Further waves of the virus have been predicted. The Trust and wider HSC will bring forward the learning from the first wave of the virus in tackle any future waves.

1D. What definition of 'rural' is the Trust using in respect of the Policy, Strategy, Plan or Public Service:

For the purposes of this exercise rural is defined as "those settlements with fewer than 5,000 residents together with the open countryside.

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

Yes No If response is NO Go To Section 2E.

Northern Ireland is a region that is composed of a range of settlement structures. These range from cities such as Belfast and Londonderry

through to much smaller settlements of less than 5,000 people, the level that is relevant for consideration under rural needs impact assessment screening (Band F, intermediate settlements, Band G, villages and Band H, open countryside). According to the most recent population census taken in 2011, 644,087 people lived in rural areas in Northern Ireland, which equated to 36% of the population (see Table 1 below), and a further 79,052 resided in mixed urban/rural areas (approximately 4% of the population in 2011). The census findings also show that 14% of rural areas are more than 20 minutes from a settlement with a population of 10,000 or more, and 13% are more than 60 minutes from Belfast.

Table 1: Census 2011 Population Statistics

	%	Number
Mixed urban/rural	4%	79052
All rural	36%	644087
Rural <=20 mins from settlement ¹	21%	383224
Rural >20 mins from settlement ¹	14%	260863
Rural <=60mins from Belfast	23%	410184
Rural >60mins from Belfast	13%	233903
Urban	60%	1087724
Total	100%	1810863

¹ Settlement with a population of 10,000 or more

Source: <https://www.daera-ni.gov.uk/topics/statistics/rural-statistics>

As per the 2011 Census, Southern Trust had a population of 358,034 of which 147,289 (41%) people lived in a rural area. There were 46 rural super output areas within the Southern Trust. Five of which have a population of less than 3,000 – Carrigatuke – 2440; Gilford - 2552; Keady – 1795; Killylea – 2474; Quilly – 2432.

The Northern Ireland Multiple Deprivation Measure (2017) findings illustrate that 3 of the rural areas served by SHSCT are rank amongst the top 100 most deprived Super Output Areas (SOAs) – Crossmaglen (57), Forkhill 2 (100) and Silver Bridge 1 (94).

Two domains were identified as sub sets relevant to rural needs impact assessment screening for the Covid 19 pandemic Programme; health deprivation and disability and access to services:

In relation to health deprivation and disability, none of the rural areas served by SHSCT were ranked amongst the top 100, Bessbrook was ranked the highest at 128.

In relation to Access to Services, there are 24 rural areas served by SHSCT that rank amongst the top 100 most deprived Super Output Areas

(SOAs) – Ballyward being the 4th highest ranking and Carrigatuke ranking 100th.

All statistics above demonstrates that some of the actions taken in response to COVID-19 outlined in section 1C are likely to have an impact on people residing in rural areas within the SHSCT area.

2B. How is it likely to impact on people in rural areas?

The temporary reconfiguration and cessation of some services across the Trust, necessitated in responding to the unprecedented demand of COVID-19 has the potential to impact on service users across the Trust both in rural and urban communities. However temporary changes to services may impact on those living in rural areas due to:

- Temporary transfer of DHH Emergency Department to CAH
- Temporarily moving all inpatients paediatric care to the Blossom Childrens and Young People’s Centre at Craigavon
- General staff related – redeployments across the Trust area in response to identified staffing needs
- A new Mental Health Emergency Assessment Unit based at Bluestone Unit CAH, has been set up to take crisis referrals during this time
- Services that are contacting service users remotely and require access to adequate Broadband or mobile communication in rural areas
- Community Respiratory and Heart Failure Teams have now joined the Acute Care at Home service to form an enhanced community rapid response multi-disciplinary team
- Temporary closure of day centres
- Belfast City Hospital’s Tower Block as NI’s first Nightingale Hospital for the anticipated surge of Covid-19 patients. This will be a 230 bed regional facility staffed by a team drawn from across Northern Ireland

Please note that in normal circumstances, the temporary reconfiguration of services outlined would be subject to a full rural needs assessment and public consultation. In order to protect public health and ensure capacity in the service to protect life and respond to the potential impact of COVID-19, these measures have had to be put in place as a matter of urgency. Mindful of its obligations under Section 1 (1) of the Rural Needs Act (NI) 2016, the Trust has completed and published this rural needs screening template. The Trust’s response to COVID-19 is under constant review and further measures may have to be taken at any stage to protect public health. The Trust is also committed to carrying out further rural needs impact assessments and public consultation on any actions that it proposes to take forward on a permanent basis.

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 temporary measures put in place in response to COVID-19 are likely to impact people living in rural areas differently from people in urban areas in respect to the following:

- The economic cost of travel to services which are centrally based in urban areas or in one centralised location in the Trust area

- The ability of individuals in rural areas to travel to clinics which are centrally based in urban areas, including the availability and timing of public/community transportation
- Access to adequate Broadband and mobile communication in rural areas for remote access to services
- The availability of public or community transportation for staff who have been redeployed from rural to urban Trust areas

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

Jobs or Employment in Rural Areas		Community Safety or Rural Crime		Agriculture-Environment	
Education or Training in Rural Areas		Health or Social Care Services in Rural Areas	√	Other, please state below; Public Transport	
Rural Development		Broadband/Mobile Communications in Rural Areas	√		√
Poverty or Deprivation in Rural Areas		Rural Business, Tourism or Housing			

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

N/A

If you completed 2E above GO TO Section 6

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

3A. Has the Trust taken steps to identify the social and economic needs of people in rural areas, relevant to the Policy, Strategy, Plan or Public Service? Yes No if the response is NO, GO TO Section 3D

3B. Which of following methods or information sources were used by the Trust to identify these needs?

**Consultation with relevant stakeholders / Survey or Questionnaire / Research / Statistics / Publications / Other methods.
Please provide details:**

Regional publications and statistics highlighting the social and economic needs of rural areas in Northern Ireland were considered including for example;

- Rural Statistics on DAERA website including statistics on employment and income, access to services, transport and telecommunications
- NISRA Rural Statistics – NI multiple deprivation measure 2017 as a combination of the aggregate results of 7 domains, plus specifically

the domains of 'Health Deprivation and Disability' and 'Access to services'

- Northern Ireland Census – high level information about the extent of potential impact based on 2011 census information available from NISRA – Northern Ireland Information Service (NINIS)

3C. What social and economic needs of the people in rural areas have been identified?

The publications listed in section 3B above highlight a number of social and economic needs of rural people in Northern Ireland, including for example:

- Transport can present an issue for people living in rural areas due to geographical isolation. e.g. people living in rural areas may have to travel further to access public transport, there can sometimes be a lack of public transport, and timing of public transport may be an issue
- Poverty/income – there are often additional costs of living in a rural area such higher fuel/transport costs. Earnings and household incomes are often lower in rural areas which can result in a higher risk of poverty.
- Lack of information/communication of information – internet availability/quality can be an issue in rural areas. This can create issues surrounding connectedness, information and knowledge. Statistics published on DEARA website show that 67% and 98% of rural and urban areas respectively had coverage of superfast broadband in 2018.
- Certain groups e.g. elderly/young people/disabled may experience increased difficulties accessing public transport
- Greater risk of social isolation and loneliness due to above issues e.g. transport, telecommunications

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

N/A

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

4A. What issues were considered in relation to the social and economic needs of people in rural areas?

Due to the imminent risk to life and the immediate need to implement measures to protect and safeguard the greater public health interest from the COVID-19 virus, as well as seeking to achieve the stated aims in section 1C, it was not possible to complete a full Rural Needs Impact Assessment (RNIA) and publicly consult on this plan over a 12 week period. In this instance due to tight timeframes, a screening template has been completed retrospectively to assess impact and to try to mitigate and lessen any potential for adverse impacts for service users and staff residing in rural areas where possible, given resources and the implications from a pandemic virus. Consideration and mitigating measures for potential impact on staff and service users are listed below:

- Approximately 4000 staff do not have access to the Trust network. SHSCT developed a Staff App which is now available for all staff to

download onto any electric device which gives access to Covid 19 updates, training, podcasts, updates re hospital services, staff support re health & wellbeing.

- It was agreed that consideration of travel time would be included as a provision for staff redeployed during the Covid-19 pandemic. Staff were eligible to claim payment for an additional travel time incurred.
- Due to social distancing requirements, telephone (land line or mobile) or video calls are available to health and care professionals as an alternative to face to face contact.
- Regular communication and updates are provided to staff and service users through all available communication channels.
- Remote access has been made available to facilitate staff to work from home.
- Ipads were made available on all wards for friends and family to video call inpatients to increase contact as visiting restrictions have been implemented across the wards.

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

5A. Has the policy, strategy, plan or public service been changed by consideration of the rural needs identified?

Yes No if the response is NO, GO TO Section 5C

5B. If yes, how have rural needs influenced the policy, strategy plan or public service?

5C. If no, why have the rural needs identified not influenced the policy, strategy, plan or public service?

All patients/clients living in the SHSCT are potentially at risk of being infected by Covid-19. The Trust has developed its surge plan which is dynamic in order to respond to emerging needs/demands. It will be kept constantly under review in collaboration with the wider HSC system or organisations and stakeholders. The Trust is also committed to carrying out a full RNIA and public consultation on any actions that may be taken forward on a permanent basis.

Section 6: Documentation:

6A. Please tick below to confirm that the RNIA Template will be retained by the Trust 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:	Janet McConville		
Job Title/Directorate	Assistant Director of Corporate Planning		
Signature:		Date:	April 2020
Approved by:	Approved by Senior Management Team		
Job Title/Directorate	Aldrina Magwood Director of Performance and Reform		
Signature:		Date:	7 th July 2020