

# 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:

The Trust's Rebuilding HSC Services – Phase 2 Plan (July to Sept 2020) describes how the Trust will rebuild health and social services following first peak of COVID-19 outbreak.

### 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)

#### New Policy Proposal

##### **Context:**

The Department of Health (DoH) stated their intention, which was subject to Ministerial approval, to introduce a new “Strategic Framework for Rebuilding HSC Services and asked each HSC Trust to prepare staged plans to take steps to Rebuild Health and Social Care Services in their respective geographical areas.

##### **Phase 1 Plan:**

The Southern Trust's Phase 1 plan covering the period 1<sup>st</sup> June to 30<sup>th</sup> June 2020 was aimed at taking early steps to plan for and increase capacity locally and across the system.

##### **Phase 2 Plan:**

The Department of Health are leading on the planning and preparation of a Phase 2 plan, covering the period 1<sup>st</sup> July 2020 to 30<sup>th</sup> September 2020. In support of this, the Trust has set out, in its Phase 2 Plan, a high level overview of the services that its plans to maintain and rebuild as part of the Covid-19 response during July, August and September 2020.

As the Trust moves forward to rebuild services it will continue to engage with patients, service users, staff and other partners in a process of co-production.

The Trust will continue to work together with partners across Northern Ireland to implement the recovery of Non – Covid-19 health and social care services and will contribute to the regional workstreams/areas of focus to support the HSC to deliver for our population based on our agreed regional approach:

- To ensure Equity of Access for the treatment of patients across Northern Ireland
- To minimise transmission of Covid-19 and;
- To protect access to the most urgent services for our population

**What is official title of this Policy, Strategy, Plan or Public service (if any)?**

**Our Approach: Rebuilding Health and Social Care in the Southern Trust – Phase 2 Rebuild Plan: 1<sup>st</sup> July - 30<sup>th</sup> September 2020**

**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 (HSC) sector faced unprecedented pressure to:

- safeguard lives by reducing the further spread of the COVID-19 virus; and to
- prevent the HSC system from becoming overwhelmed due to the COVID-19 pandemic and the demands this placed on the whole HSC system.

**Impact Covid-19:**

Since the end of February 2020, responding to the global pandemic; Covid-19, has significantly changed the way the Southern Trust's services have been delivered and has had a substantial impact on the delivery model and the volume/activity levels across a wide range of the services offered by the Trust.

Some services had to be stood down for various reasons including clinical, patient and staff safety as well as physical and workforce capacity constraints. Some new services also had to be introduced to meet the predicted demands of the pandemic and other services changed considerably to meet new ways of working necessary to sustain services during the pandemic. There are also the shadow consequence of Covid-19 resulting from growing waiting lists, undetected cancers etc as a result of the cessation of diagnostics and delays in treatment services together with the impact on the populations' mental well-being et al.

During the first phase of COVID-19, Trust staff embraced new ways of working in order to continue to deliver services to their patients and service users and we will continue to build on these as we move forward. These changes cover a range of areas including:

- Changes to working practices and processes, in particular the significant increase in virtual service delivery across all programmes of care supported by rapid harnessing and roll out of technology solutions;
- Enhanced partnerships with primary care to review pathways and enhance access to services.
- Enhanced multi-agency working.
- Established a COVID-19 Virtual Hospital service providing individualised clinical support to suspected and confirmed COVID-19 cases discharged from hospital.
- Access to emergency department (ED) care was changed with new routes established including Paediatric ED and a Mental Health Emergency Assessment Unit.
- Enhanced direct access to Paediatric consultation for primary care/ GPs.
- Established a multi-disciplinary approach to providing support to our local residential and care home providers with in- reach from an integrated community

rapid response team.

- New arrangements for 'swabbing' and 'testing' of patients, staff and the community.

Rebuilding Trust services is proving to be extremely complex and requires a large number of risks and issues to be factored in to the decision making. Plans included have been subject to initial risk assessment in line with the Department of Health guidance and this process will continue during implementation as rebuild service plans continue to be assessed against a "checklist" to ensure that they have been subject to a risk assessment, take account of new ways of working and can be safely implemented in line with social distancing, availability of personal protective equipment (PPE), supplies of medicine and infection prevention and control requirement and the latest public health guidance. The Trust must also take account of the lessons learned from the initial covid-19 response to ensure that it considers and seek to sustain the positive benefits achieved.

The likelihood that a vaccine can be deployed effectively and at scale is anticipated to be approximately 12 months away. It is acknowledged that Covid-19 is still infecting people in the community. However the trend in the rolling average number of cases and reported deaths is downwards. This suggests that the first peak of the Covid-19 outbreak has passed in Northern Ireland. In readiness for a potential second surge which could coincide with winter pressures, the Trust cannot return all services back to how they were before the pandemic. The Trust will prioritise and focus on treating the most urgent cases first, and as a result some patients will wait longer than we would like.

### Looking ahead:

Whilst the Coronavirus pandemic has meant that many services have been stood down or significantly reduced it has also been a time of great innovation, with barriers being broken down and services being delivered in very different ways, including much greater use of technology. Throughout this period Trust staff have shown tremendous resilience and creativity and have continued to deliver high quality care in some very difficult circumstances, and the value of working in partnership with those outside and inside the Trust has been demonstrated.

In line with the Trust Phase 1 Plan, **in this second phase**, the Trust will continue to build on new ways of working and innovations to provide safe and effective care during July through September 2020. Recognising that there has been a vast amount of innovations successfully implemented including widespread use of telephone triage, virtual clinics and video calls, building on this will involve working closely with our primary care and community partners and our clinical leaders, using flexible and remote working where appropriate and rapid scaling of technology.

The Trust will therefore continue with its collective leadership approach including clinical, professional and management leads at both operational and strategic oversight levels which has enabled rapid deployment of actions and more effective communications between teams to achieve our shared aims.

The Trust is engaging with staff to reflect on the many 'lessons learned' and further work on this will be crucial to inform the Trust's plans going forward. This learning and sharing of best practice will inform longer-term operational, strategic and financial planning as well as the wider regional priorities. The Trust will also continue to engage with key partners to ensure that plans are representative of and include the valuable input of those who use our services. The Trust will continue to work with Trade Unions colleagues through established networks.

**This plan does not cover all Trust services, many services continued to be sustained during the Covid-19 surge, it is only those where there is a planned change to increase capacity and/ or access during July to Sept 20 that are included.** The plan also does not explicitly set out the vast changes in 'how' staff have been working, including those on the 'front line' but also fundamentally those staff in professional, functional and operational support roles who have been working collaboratively to support the Trust's initial response and now in this rebuild phase. The significant contribution these individuals and teams make to our rebuild, while not all specifically outlined in this plan, are all equally recognised and valued.

## Details of Services (by Service Area)

### SERVICE AREA: OUR HOSPITALS

**Urgent and Emergency Care** – To manage risk to patients and staff from Covid-19, SHSCT's access to emergency departments (ED) was changed with new routes established including temporary closure of the ED at Daisy Hill Hospital (DHH) to create single access via Craigavon Area Hospital (CAH); Paediatric ED established in Blossom Children's Unit; Mental Health emergency assessment unit created within Bluestone MH Unit. Virtual Hospital service was established providing individualised clinical support to suspected and confirmed Covid-19 cases discharged from ED and self isolating at home during their period of clinical risk. During Phase One, the Trust continued to deliver ED through the current service models and scoped the potential to recommence Paediatric triage through ED. In Phase Two, the Trust will continue to deliver emergency care through the current service models over July – September 2020 however the following actions will progress: Paediatric triage to return to the main ED at CAH, ED GP Hotline to include care homes; A Working Group to be established to confirm the necessary requirements to ensure the safe return of the ED at DHH; undertake an evaluation of Mental Health Model; Older Persons Assessment Unit at DHH will recommence 2 days per week.

**Critical Care** – During the pandemic Intensive Care provision was scaled up in line with the agreed regional critical care 'surge' plan to provide 16 ICU beds at CAH. Staff were re-deployed to support the increase in critical care provision. In Phase One, Intensive Care provision was reverted to pre-Covid 19 status to provide 10 critical care/high dependency beds at CAH. During Phase Two delivery of critical care will continue in CAH with provision of 10 beds.

**Diagnostics (X-Ray, MRI, CT, Cardiac investigations)** – During the pandemic services continued for elective (Cancer/red flag/urgent) and emergency patients only. Breast Screening was 'paused' on a regional basis by PHA and symptomatic breast clinics were provided x 3 days per week. During Phase One rebuilding services inpatient, red flag and urgent investigations continued across all sites. The Trust continued to pursue access to additional independent sector provision to increase availability for MRI and non-obstetric ultrasound investigations. Interventional radiology, CT Colonography, DEXA scans, New born hearing tests, Inpatients Service for Cardiac Investigations will all restart with appropriate safety checks in place and along with regional guidelines. In Phase Two, the Breast Screening service will recommence in July addressing the backlog. Out-patient diagnostics will be facilitated on non-acute sites. Commencement delivery of additional in house and independent sector to deliver additional diagnostics. Q-fit process will recommence for patients on bowel cancer pathway which will identify patients requiring onward CT Colonography to be delivered by independent sector. There will be increased capacity for DEXA scan. DHH will restart barium meals, micturating cystograms and hysterosalpingograms. Videofluoroscopy will be carried out from July 2020.

**Cancer Services** - During surge, cancer surgery continued in line with NHS England and NICA regional prioritisation. Oncology, haematology and systemic anticancer treatments (SACT) continue and in accordance with national and NICA regional guidance. During the Phase One surgical activity increased in a phased way for red flag and urgent referrals based on clinical priority. Video/telephone clinics were embedded for haematology and palliative care pilots. Intravesical chemotherapy was re-established for bladder cancer. In Phase Two, the Trust will take part in the Regional Cancer Meetings to discuss and agree cancer services re-build and plans to address projected increase in referrals. SACT treatments will return to normal levels and surgical activity will continue to be increased on a phased basis.

**Day Surgery and Endoscopy** – During surge, day case surgery was temporarily cased across all hospital sites. Endoscopy list continued at DHH. During Phase One rebuild, Endoscopy provision at DHH and STH and via the independent sector was increased. Bowel cancer screening in STH, Stone treatment procedures in Urology and the Bronchoscopy list were all re-established. Swabbing and isolation arrangements and scheduling for day case and inpatients in line with Covid-19 guidance was further embedded. During Phase Two, Endoscopy provision will continue in STH, DHH and the Independent Sector along with commencement of sessions in CAH Day Procedure Unit. Day Surgery will recommence from 6<sup>th</sup> July in CAH Day Procedure Unit. Plans to recommence day surgery in STH are dependent upon the ability to relocate services currently utilising the day surgery space and identify appropriate staffing to support the lists.

**Outpatient Services** – During surge, services continued mainly using virtual clinics with some face to face client appointments for urgent and Red Flag patients only. Face to face clinics continued for Fracture, Anti-Coagulant, Red Flag ET, Red Flag Dermatology and Red Flag Breast assessment. During Phase One, virtual clinics were further expanded for haematology and palliative care. Secure IT platforms for supporting this way of working was further tested across a number of specialities. Virtual clinics started in June for General surgery, Urology, Pain, Pre-assessment, Ophthalmology, Oral Surgery, Rheumatology, Neurology, Gastroenterology, Cardiology, Respiratory, dermatology, Diabetes, Endocrine, Stroke and Chemical Pathology. Phased increase in face to face consultations will recommence for prioritised red flag/urgent and time sensitive patients where video clinic consultation cannot be accommodated. In Phase Two, an evaluation of the Haematology and palliative medical use of the video consultation platform will be undertaken. Virtual clinics are planned for Chemical pathology. The Trust is currently investigating the potential for a drive-through phlebotomy service. A scoping exercise will be completed for all directorates and all Trust facilities to determine capacity for outpatients dependent upon demand. The focus will continue to be for priority patients (red flags, urgent, time sensitive and then routine). Virtual clinics will continue to be rolled out along with supporting equipment including IT hardware and access.

**Integrated Maternity and Women’s Health** – During surge, home birthing service and nurse led clinics were ceased. Consultant and midwife clinics were reduced. Home visits for postnatal women changed to women being seen in local health and care centres. Minimal gynaecology clinics continued for colposcopy/hysteroscopy and red flag referrals. During Phase One of the rebuild home births were increased, Midwife/Nurse led smear and pessary clinics were restarted. Early Medical Abortion weekly clinics commenced in line with legislative. Gynaecology clinics were increased. Home visits for postnatal women were commenced on a phased basis. Theatre lists for gynaecology patients were recommenced. During Phase Two, fertility services will recommence in July. Specialist midwives will return to their core roles. The gynaecology ward in CAH will re-open initially with 9 beds for gynae emergency admissions and also for additional capacity for general surgical female admissions. Midwifery led services will gradually be relocated back to primary care settings. Urodynamics will restart on a phased basis. Due to social distancing, both consultant led and midwife led antenatal clinics are being reconfigured as capacity will be limited.

**Inpatient Elective and Emergency Surgery for Adults and paediatrics** – During surge, emergency surgery only at CAH site. Urgent bookable surgical list on the DHH site. Virtual (video/telephone) contact with patients/families was introduced in wards and ICT/neonatal unit at CAH. During Phase One, urgent bookable surgery list recommenced on CAH site and continued on DHH site. There was a further roll-out of planned ‘virtual visits’ across inpatient areas. In Phase Two, urgent bookable sessions continue on DHH and CAH sites. The commencement of Ambulatory general surgery service on CAH site.

**Laboratory Service** – During surge, local Covid testing through the microbiology speciality has been facilitated due to a reduction in core services during the pandemic. In Phase Two, the Southern Trust will maintain a local microbiology 1 in 6 on call rota.

## **SERVICE AREA: MENTAL HEALTH AND ADULT DISABILITY SERVICES**

**Community Services: Primary and Recovery mental health care and Memory services** – During surge telephone review and urgent appointments were maintained. During Phase One, Service Recovery Plans were developed. All facilities were assessed in conjunction with RQIA capacity guidelines. During Phase Two, Service Recover Plans continue to be implemented. Face to face appointments were increased over a range of services. Therapeutic interventions were recommenced. Services will be increased including Well Mind Hub, Tier 2 Addictions Services.

**Inpatient facilities** – During surge Electroconvulsive Therapy (ECT) was stood down. Social outings for learning disability inpatients were reduced. During Phase One of the rebuild, urgent ECTs were recommenced in Bluestone Unit. Social outings for learning disability inpatients were increased. During Phase Two there will be an increased capacity within the ECT service. A risk assessment will be undertaken for each individual person, prior to a social outing taking place.

**Day Care and Day Opportunities** – During surge, all statutory and independent sector day care and day opportunity services were temporarily stood down. During Phase One, the Trust put in a plan for service users to return to Trust Day Centres in a phased way. All facilities are being assessed in conjunction with RQIA capacity guidelines. Service Recovery Plans were developed. In Phase Two, Day Centre provision will recommence with a reduced capacity for adults with a learning disability at Appleby, Bannvale, Oakridge and Windsor Day Centres. Forensic Day Opportunities will recommence in July. Disability Day

Opportunities, monitoring visits in day care, and residential/nursing sector will recommence.

**Community Disability Services** – During Phase Two Face to face epilepsy services will be recommenced. Annual reviews and carers assessments for disability clients will be restarted.

**Disability Elective/AHP/Outpatients** – During Phase Two, AHP elective and review activity and outpatient appointments for adult with a disability will recommence.

**Respite Care** – During surge all respite provision was stood down. In Phase One, access to independent sector respite was increased. The capacity in Woodlawn House was scoped to see if it could assist in supporting the community Covid-19 response. During Phase Two, Respite services will recommence in the Independent Sector with 2 beds available during July 2020. The Trust will continue to work with the independent providers to assess their capacity to increase these numbers. The Trust will provide 2 respite beds from July 2020 also.

**Community Addiction Services** – During surge Community Addiction services was scaled back to provide urgent appoints via video/telephone clinics and maintenance of patients on opiate substitution. The service was scaled up during Phase One of rebuild to deliver new and review video/telephone and face to face clinics. The service also scoped capacity for new patients requiring opiate substitution therapy assessment and induction. During Phase Two the service will incrementally introduce face to face sessions. Opiate Substitution Therapy will recommence for new patients in July 2020.

#### **SERVICE AREA: PRIMARY CARE & COMMUNITY SERVICES**

**COVID-19 Telephone Advice Line** – During surge a Public Covid-19 telephone advice line to support the Regional Helpline was established. This continued during Phase One of the rebuild. During Phase Two learning from the public telephone advice line will be assess to inform the best model going forward.

**Community Clinic and Rehabilitation Services** - During surge, Community Rehabilitation Service focussed on new patients. ICATS, Falls Service AHP routine clinics, Fracture Liaison Clinics and Heart Failure clinics were stood down. Diabetic and Geriatric outpatients services were scaled down. In Phase One of rebuilding services, all services were recommenced. During Phase Two a number of community services will be reviewed to identify activity possible taking social distancing, staffing and accommodation availability into consideration. This includes establishing appropriate ratio of face to face and virtual activity going forward. AHP Integrated care Team community face to face visits will restart. Capacity at AHP clinics will be increased.

**Primary Care/GP Led Services** - During surge, 2 primary care led Covid-19 assessment centres in Banbridge polyclinic and on STH site were established. Enhanced direct access to Paediatric consultation for primary care/GPs was provided. Primary care have worked in partnership with Paediatric to review pathways and enhance access to services. In Phase One of rebuilding services, the Trust continued to build on collaborative working relationships between Primary Care and Paediatrics. Covid-19 Assessment Centres will continue with scope for expansion of intake to be reviewed. During Phase Two the Trust will further engage with Primary Care to improve services to enhance Paediatric Outpatient delivery and partnership working. The Trust will work with Primary Care colleagues to explore new ways of working for our GP Out of Hours Service. Bannview GP Practice will recommence smear clinics. The Trust will continue to work with the PHA, HSCB and the GP Federation to scope with future provision of Covid-19 Assessment Centres.

**Sexual Health Services** – During surge, all routine and ‘walk-in’ appointments were ceased. As part of the Phase One Rebuild Plan, the family planning device fitting service was recommenced. During Phase Two, development of safe procedure for delivery of health clinic services in partnership with colleges and the Contraceptive and Sexual Health (CASH) services to determine the appropriate timetable and process for restarting the Youth Health Clinic.

**Promoting Well-being services** – During the surge, services were stood down and staff were redeployed to implement the community Covid-19 telephone advice line. During Phase Two, the Trust will review a range of services to identify what can be recommenced taking on board social distancing, staffing and

accommodation availability.

## **SERVICE AREA: CHILDREN & YOUNG PEOPLE SERVICES**

**Health Visiting** – During surge, health visiting was maintained for priority and urgent cases. During Phase One of the Rebuild Plan, health visiting contacts under the Healthy Child Health Future Programme including safeguarding visits were recommenced. During Phase Two contacts will be increased based on staff capacity and prioritisation of infants under 1 year and families in receipt of level 3 and 4 contacts.

**School Nursing** – During surge school nursing was stood down to all except children's safeguarding work. During Phase One of the Rebuild Plan, the backlog in immunisations in post primary school age children was addressed. School nursing contacts will resume in line with the Department of Education guidance in relation to the opening of schools. During Phase Two the delivery of the school nursing Autumn health programme pending direction from the Department of Education regarding plans for children's return to school in September 2020.

**Immunisation** – During surge the school health immunisation temporarily ceased. In Phase One the Trust awaited DOH and PHA direction on recommencing school based immunisation programme. In Phase Two of the Rebuild Plan the school nursing service will seek to address the backlog in immunisations in post primary school age children over July and August using both schools and community facilities as available.

**Children with Disabilities** – During surge, short breaks for families and carers were stood down. However, in partnership with the community voluntary sector a number of individual bespoke packages have been provided to vulnerable families. Support to vulnerable families continued during Phase One. During Phase Two the Trust will review its community/voluntary sector contracts based on current Covid-19 restrictions and what the providers are likely to be able to deliver and restart. The Trust will provide further bespoke support to identified Children with Disabilities and their families. These bespoke packages are new service provisions which are staffing resource intensive and will reduce capacity to respond to other core services requirements. The Trust will continue to seek to engage with community partners to assess the potential to run limited summer scheme activities.

**Child and Adolescent mental Health Services (CAMHS)** – During surge routine CAMHS and Autism work were stood down however the CAMHS Assessment Crisis Team remained operational. During Phase One of the Rebuild Plan video/telephone clinics for CAMHS and Autism across all areas were commenced and online options for group based therapeutic interventions were introduced. During Phase Two, Step 2 and Step 3 CAMHS Clinics will increase face to face appointments. CAMHS service will undertake a service review of learning from Covid and identify new ways of working including video consultations and online group based support.

**Court Children's Services** – During the surge the Courts were dealing with emergencies only. During Phase One of the Rebuild Plan, redeployed staff will return to Court Children's Service to address backlog in private law work. During Phase Two Children's Court Service will progress court directed work with existing cases. Video conference platforms are currently being tested to reset court work.

**Child Protection** – During surge, Child Protection visits were risk assessed to determine need for face to face contact – other forms of contact were put in place and kept under review. During Phase One of the Rebuild Plan, children on Child Protection Register had face to face contacts as required. During Phase Two, backlog will be cleared and face to face assessments will be maintained. Where possible parents and their support person to attend Case conferences in person. Audio and visual links will be available to facilitate attendance of case conference members.

**Outreach Service Pilot** – During Phase One of the Rebuild Plan, the new outreach 'edge of care' pilot focussing to prevent admissions to care and placement breakdown was commenced. During Phase Two, support to families to maintain young people at home and prevent admissions to care was increased.

**Looked After Children (LAC)** – During surge, statutory visits and LAC reviews were partially stood down and alternative means of engaging with children and

families were utilised. Where possible LAC Reviews took place remotely (by video or telephone). During Phase One of the Rebuild Plan all face to face visits by social workers were subject to risk assessment. Face to face contact between LAC and their parents was risk assessed and where safe to do so were reinstated. LAC Reviews take place by audio visual links. During Phase Two, face to face contacts for all looked after children will be maintained. Increase level of face to face parental contact with LAC where consistent with child's care plan and safe to do so. Parents and their support person will attend LAC reviews in person where possible. Audio and visual links will be available to facilitate attendance of LAC review members. In the absence of education community based or council run summer schemes the Trust will facilitate summer activities for LAC.

**Acute and Community Paediatric Service** – During surge, service provided virtual acute and community paediatric outpatient clinics. Community Children's Nursing service provided on call 24/7 end of life care and urgent respite care. During Phase One of Rebuild Plan, face to face paediatric outpatient clinics for urgent cases recommenced. Virtual clinics for Child Development Clinic (CDC) commenced. During Phase Two, virtual consultations will be further embedded. Service will sustain/increase face to face outpatient assessment capacity where safe to do so. Planning in place to progress new patient face to face contact with MDT where safe and appropriate. Increase paediatric community and acute clinic activity.

**Paediatric Inpatient Services** – During surge, DHH Paediatric Inpatient bed was temporary closed and all paediatric inpatient care was centralised in Blossom Unit on the CAH site. Emergency Respiratory Physiotherapy response provided from Children and Young People's staff to free Acute and on call staff to deal with increased ICU and Respiratory demand. During Phase One of the Rebuild Plan, works were undertaken to facilitate the reinstatement of 5 inpatient beds on the DHH site. The beds were opened on the 1<sup>st</sup> June. Respiratory Physio Response was handed back to the Acute Physiotherapy team. During Phase Two a further 8 inpatient beds will open on DHH site on the 10<sup>th</sup> August. The Child Health Psychology service will recommence.

**Allied Health Professional Services – for children** – During surge, telephone reviews were carried out for routine cases. Advice and therapy packs were given out. All families of children seen by school based AHP Services have been given alternative contact details for support from therapists. During Phase One of the Rebuild Plan, face to face appointments will be provided for urgent cases either in clinic or at their own home. During Phase Two, video consultation guidance will be embedded as part of the assessment process. Increased capacity to provide face to face appointments for urgent and domiciliary assessments.

**Domestic Violence** – During Phase One of Rebuild Plan, the Trust engaged with community pharmacies/Asda/Lidl to promote services available for adults and children affected by domestic violence and abuse. Alongside Newry Mourne and Down Council the Trust reached out to young people about supports available if they were lonely/isolated/scared via an Instagram storyboard and promoted on Twitter and Facebook. This initiative is ongoing to September. Children's Gateway Service in partnership with Barnardo's/NIACRO/SPACE NI/Armagh Down Women's Aid provided advice and support to families isolated in the community affected by domestic violence during Covid-19 lockdown. This pilot is continuing until March 2021. Dedicated Domestic Abuse Worker commenced in CAH to provide support to victims of domestic violence presenting at ED and Maternity Services.

## **SERVICE AREA: OLDER PEOPLE SERVICES**

**Residential/Nursing and Community Care Services** - During surge, the Trust established a multi-disciplinary approach to providing support to our local residential and care home providers with in-reach from an integrated community rapid response team which includes Acute Care at Home, Community Respiratory, Community Heart Failure, Community Palliative Care and Care Home Support Team. The Trust also provided an additional 35 'bedded virtual ward' by providing medical input to Covid 19 patients in their own/care homes and virtual monitoring and support to an additional 100 Covid 19 positive patients in the community. During Phase Two, the Trust will continue to explore the potential to enhance community services to support older people to remain well and or recover from an acute illness in their own home or care home. The Trust will recommence domiciliary care supervisor and monitoring visits to clients in their own homes. Annual reviews of care packages will recommence. Dysphagia Team will train nurses from care homes to become partners in the Tele-swallow rehab and roll out Tele-Eating, Drinking Swallowing (EDS) for special virtual assessment. Explore the research of Tele-EDS specialist dysphagia assessment into residential homes and service users own home. The Infection Prevention Control and Microbiology team will explore the potential to enhance infection Prevention and Control support to care homes to help prevent and mitigate transmission of infection, including Covid-19 in care homes. .



**Day Care** – During surge, Day care centres were temporarily closed, during Phase Two of the Rebuild Plan, The Trust will explore the potential to reopen day centres.

## **SERVICE AREA: COMMUNITY DENTAL**

**Community Dental Services** – During the surge, all routine dental care temporarily ceased. Paediatric general anaesthetic list was maintained for urgent dental extraction. Five urgent care dental centres were established regionally. Current services were maintained during Phase One. In Phase Two, community dental service will see patients for non urgent/non aerosol generating procedures for assessment and treatment. The Trust will work up a plan to provide treatment requiring aerosol generating procedures by August. The Trust will maintain and increase GA dental surgery capacity to meet urgent demand subject to availability of theatre slots.

## **SERVICE AREA: CORPORATE AND SUPPORT SERVICES**

**Multidisciplinary Support to our Operational Services** - During surge, Covid 19 related upskilling, education and training for all professional staff was undertaken to support critical care services. Staff were redeployed and diverted into new roles during the initial peak to support critical care areas, support to our residents in the Care Home sector as well as practical support area such as deploying computers and IT support to enable 'new' ways of working for our staff and patients. The Trust also reconfigured its physical infrastructure and estate to create a 'staff village' including canteen and rest areas, additional clinical facilities, testing pods and two Covid 19 Assessment centres. Co-ordination of many kind donations received. Providing enhanced Occupational health advisory service and associated helpline for staff re Covid concerns and staff testing and HR support re pay and conditions and redeployment. The Trust Bereavement Service was significantly expanded. Corporate communications provided an enhanced internal and external corporate service to support staff and service users during this period. Durig Phase Two of the Rebuild Plan, the staff canteen in CAH site will be reinstated. Corporate Support Directorate teams will continue to support our staff and service users during the Covid period. Estate services will continue to support patient services in providing additional/alternate accommodation where required. The new Daisy Hill Medical Education Centre will be opened and available to support staff. PPE Collection Service for independent sector providers will be relocated from CAH to Lurgan Hospital site from July onwards. Community transport providers will assist. A bid to establish a new temporary PPE warehouse in the Trust over the summer months has been submitted to the Department of Health for approval. In July, an electronic stock management system will be implemented. A Workforce Workstream to support restart/rebuild plans will be established. Further roll out of laptops and enable personal devices to support remote working and virtual clinic capacity. Additional IT/helpdesk staff to support significant increase in remote working. Planning and QI support will be re-directed to support restart and rebuild service planning and implementation.

**Infection Prevention & Control** - During surge, service provided expert clinical advice and support to support Trustwide control and management of Covid 19 and also supported Care Home Sector. Implementation of PPE and zoning strategy and Covid 19 testing. Procuring and distributing critical PPE to acute, community and independent sector services. During Phase Two, the Trust will revise patient and staff routes throughout the healthcare estate as rebuild plans require. Development of testing and protocols to follow changing PHA guidance. Continue to provide advice to strategic and operational groups with changing guidance from regulatory bodies. Continued assessment, procurement, logistics and training of PPE.

**Expanding, Redeploying and training our Clinical and Social Care Workforce** - During surge, the Trust took a range of actions to expand our workforce eg HSC Workforce Appeal, facilitating early qualification of final year students, employing nursing and social work students and recently retired staff to join our workforce and employing medical students to take on a wide number of crucial support roles. Medical staff and social care staff were redeployed to support our key specialities during the Covid 19 initial phase. Workforce Development and Training programmes across the Trust were scaled back and only core social care training maintained to keep staff competencies current. Support and training packages were developed. Clinical rotations and medical revalidation were suspended and mortality and morbidity meetings were temporarily paused as per regional guidance. In Phase Two, Social Services education, training and

workforce development will continue to evolve dependent on risk. The Trust will provide safe and appropriate opportunities for Social Work student cohort (2020/21). Establish in-house research evaluation group to promote local researched minded culture in the social work/social care/multidisciplinary workforce starting with Covid related projects across programmes of care. The Trust will recommence MAPA training for high risk groups. Mandatory training across staff groups will recommence using alternative delivery methods were practicable. Staff training in Maternity Support Programme, Preceptorship programme, FNFM training and OSCE practice will recommence. Work on the development of the Trust Patient and Client Experience Strategy will recommence. The Trust will roll out the Regional Care Opinion programme. Nursing Quality Indicators will recommence. The Trust will roll out the Regional Rehab Strategy Model for post Covid-19. The Trust will explore new solutions to AHP student placements with Ulster University to address Covid-19 constraints.

**Psychological Services** - Psychological services across programmes of care have been provided at a reduced level to families in a number of areas. This service has been providing an enhanced focus on supporting staff health and wellbeing during the initial Covid 19 peak. In Phase One of rebuilding services, this service will continue during June. They will start to plan how they will increase core services going forward. Staff support services will continue during Phase Two.

**Visitors** - During surge, the Trust temporarily restricted the number of visitors across hospitals and health care settings. All general hospital visiting has stopped. There are some exceptions re critical care areas and palliative care. Local arrangements in place to ensure our patients and residents can remain in contact with loved ones. In Phase One of rebuilding services, visiting across hospitals and health care settings will remain restricted to maintain the safety of our staff and visitors. Visiting restrictions will remain in place during Phase Two.

**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.

**Section 2 - Understanding impact of 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 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
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Mixed urban/rural	4%	79052
All rural	36%	644087
Rural <=20 mins from settlement <sup>1</sup>	21%	383224
Rural >20 mins from settlement <sup>1</sup>	14%	260863
Rural <=60mins from Belfast	23%	410184
Rural >60mins from Belfast	13%	233903
Urban	60%	1087724
<b>Total</b>	<b>100%</b>	<b>1810863</b>

<sup>1</sup> 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 4<sup>th</sup> highest ranking and Carrigatuke ranking 100<sup>th</sup>.

All statistics above demonstrates that some of the actions taken in response to Phase 2 of the Rebuild Services 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 Trust's Phase 2 Plan includes actions that relate to reinstating services in an incremental way while ensuring the delivery of high quality and safe patient/client services. It is acknowledged that COVID-19 is still infecting people in our community. This will continue to impact on people living in both rural and urban areas. This screening for rural needs concentrates on services created, services being delivered remotely to accommodate

social distancing by use of broadband or mobile technology or existing services still being provided but where the location of these services continues to be changed.

Below are the actions in the Phase 2 Plan that are likely to be relevant for rural needs as a result of ongoing or planned changes. Continued consideration of the impact on service users and carers who reside in rural areas in respect of access to services and access to broadband and mobile connection.

- Urgent and Emergency Care - A Working Group to be established to confirm the necessary requirements to ensure the safe return of the ED at DHH; Older Persons Assessment Unit at DHH will recommence 2 days per week – change of service location for service users.
- Diagnostics (X-Ray, MRI, CT, Cardiac investigations) - Out-patient diagnostics will be facilitated on non-acute sites. Commencement delivery of additional in house and independent sector to deliver additional diagnostics. Q-fit process will recommence for patients on bowel cancer pathway which will identify patients requiring onward CT Colonography to be delivered by independent sector – potential change of service location for service users.
- Day Surgery and Endoscopy - Endoscopy provision will continue in STH, DHH and the Independent Sector along with commencement of sessions in CAH Day Procedure Unit. Day Surgery will recommence from 6<sup>th</sup> July in CAH Day Procedure Unit
- Outpatient Services – In Phase Two, an evaluation of the Haematology and palliative medical use of the video consultation platform will be undertaken. Virtual clinics are planned for Chemical pathology. The Trust is currently investigating the potential for a drive-through phlebotomy service. Virtual clinics will continue to be rolled out along with supporting equipment including IT hardware and access.
- Respite Care - Respite services will recommence in the Independent Sector with 2 beds available during July 2020. The Trust will continue to work with the independent providers to assess their capacity to increase these numbers. The Trust will provide 2 respite beds from July 2020 also.
- Children with Disabilities – The Trust will continue to seek to engage with community partners to assess the potential to run limited summer scheme activities.
- Child and Adolescent mental Health Services (CAMHS) - CAMHS service will undertake a service review of learning from Covid and identify new ways of working including video consultations and online group based support.
- Child Protection – Audio and visual links will be available to facilitate attendance of case conference members.
- Looked After Children (LAC) – Audio and visual links will be available to facilitate attendance of LAC review members. In the absence of education community based or council run summer schemes the Trust will facilitate summer activities for LAC.
- Acute and Community Paediatric Service – virtual consultations will be further embedded
- Paediatric Inpatient Services – During Phase Two a further 8 inpatient beds will open on DHH site on the 10<sup>th</sup> August.
- Allied Health Professional Services – for children - video consultation guidance will be embedded as part of the assessment process.
- Domestic Violence – Children’s Gateway Service in partnership with Barnardo’s/NIACRO/SPACE NI/Armagh Down Women’s Aid provided advice and support to families isolated in the community affected by domestic violence during Covid-19 lockdown. This pilot is continuing until March 2021. Dedicated Domestic Abuse Worker commenced in CAH to provide support to victims of domestic violence presenting at ED and Maternity Services.
- Visitors - Visiting restrictions will remain in place.
- Continuation and strengthening of virtual hospital service.

- Expansion of video/telephone clinics for outpatient clinics.
- Increase access to independent sector respite services.

Please note in normal circumstances, this phased rebuilding of services 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 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 Phase 2 Plan 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 only any actions that it proposes to take forward on a permanent basis. The Trust recognises that there are a number of policy leads/decision makers across HSC who likewise must comply with Section 1(1) of the Rural Needs Act (NI) 2016 in the development, implementation and review of the Minister of Health's "Strategic Framework for Rebuilding HSC Services" in NI and in the development and implementation of HSC Trusts Rebuild Plans. The Trust therefore commits to collaborate, as necessary, with all relevant HSC organisations in seeking to ensure the fulfilment of these statutory duties.

**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?**

- Economic cost of travel and travel time to services which are centrally based in urban areas or in one centralised location in the Trust area
- Ability of individuals in rural areas to travel to clinics which are centrally based in urban areas – availability of public or community transportation.
- For staff redeployments – availability of public or community transportation (travel costs will be reimbursed)
- Access to adequate Broadband or mobile communication in rural areas for remote access to services.

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

**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	X	Other, please state below; Public transport	
Rural Development		Broadband/Mobile Communications in Rural Areas	X		X
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)
- NISRA – dataset on Home Internet and Broadband Access

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?**

Access to services in terms of economic cost, availability of public transport and broadband/internet/mobile communication access.

#### **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?**

N/A

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

Please note in normal circumstances, this phased rebuilding of services 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 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 Phase 2 Plan 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 only any actions that it proposes to take forward on a permanent basis. The Trust recognises that there are a number of policy leads/decision makers across HSC who likewise must comply with Section 1(1) of the Rural Needs Act (NI) 2016 in the development, implementation and review of the Minister of Health's "Strategic Framework for Rebuilding HSC Services" in NI and in the development and implementation of HSC Trusts Rebuild Plans. The Trust therefore commits to collaborate, as necessary, with all relevant HSC organisations in seeking to ensure the fulfilment of these statutory duties.

#### **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.

<b>Rural Needs Impact Assessment undertaken by:</b>	Janet McConville		
<b>Job Title/Directorate</b>	Assistant Director of Corporate Planning		
<b>Signature:</b>		<b>Date:</b>	
<b>Approved by:</b>			
<b>Job Title/Directorate</b>			
<b>Signature:</b>		<b>Date:</b>	