Rural Needs Impact Assessment

Southern Health and Social Care Trust

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's (SHSCT) resilience plan to address winter pressures and any subsequent waves of COVID-19 Pandemic 2020/2021.

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 – plans have been developed to support and respond to anticipated winter pressures and any subsequent waves of COVID-19 pandemic.

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

Southern Health and Social Care Trust's (SHSCT) resilience plan to address winter pressures and any subsequent waves of COVID-19 Pandemic 2020/2021.

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

The Southern Health and Social Care Trust (SHSCT) Plan outlines initiatives required to help respond to additional demand pressures arising during Winter 2020/2021 and / or through any subsequent waves of Covid-19 Pandemic.

The resilience plan is broadly grouped into the following five themes, which are supported by existing and planned actions and initiatives, where it is felt additional capacity will be focused:

1. **Early intervention and demand management**
2. **Emergency Department provision of safe, effective and timely emergency care**
3. **Maximising capacity and promoting safety in hospital flow**
4. **Optimising community care and discharge**
5. **Supporting our people**

The Trust acknowledges and supports the DOH agreed principles in preparing this surge plan as outlined in the Regional Covid-19 Pandemic Surge Planning Strategic Framework (1 September 2020) and will work towards adhering to the principles set out in section 3.0 of this Resilience Plan.

Lessons learned - The first phase of the Covid-19 pandemic period from March to June 2020 required the Trust to work in new and innovative ways in unprecedented timescales. The Southern Trust team met these challenges and delivered safe emergency services throughout that period. Evaluation and lessons learned from review of staff feedback and experience and the effectiveness of the individual surge plans has been on-going throughout July and August with a focus on "holding the gains" and harnessing new ways of working and innovation to prepare the Trust as we reset our services.

Regional Responses - In a rapid timeframe a number of measures were put in place in response to Covid-19 with support from our colleagues in Health and Social Care Board and Department of Health. The vast majority of these initiatives remain operational in some shape and provide a strong foundation for the management of further Covid-19 surges.

However, the global pandemic continues to present the health and social care system with a number of unique challenges which have dramatically changed the way services are delivered for various reasons including clinical, patient and staff safety.

The key challenges for the Southern Trust in the context of this Winter Pressures and Covid-19 Surge Resilience Plan relate to workforce in respect of maintaining safe staffing levels across all areas ensuring safe environments for patients and staff aligned to extant Covid-19 guidance and policy, and funding to support the necessary actions required to address our challenges.

The Trust has adopted the following DOH system principles in preparing this surge plan as outlined in the Regional Covid-19 Pandemic Surge Planning Strategic Framework (1 September 2020):

- **Patient safety** remains the overriding priority.
- **Safe staffing** remains a key priority and Trusts will engage with Trade Union side on safe staffing matters in relation to relevant surge plans.
- Trusts should adopt a flexible approach to ensure that **'business as usual' services can be maintained as far as possible,** in line with the Rebuilding HSC services Strategic Framework. This should allow Trusts to adapt swiftly to the prevailing Covid-19 context.
- It is recognised that there will be a fine balance between **maintaining elective care services and managing service demand** arising from Covid-19 and winter pressures. Addressing Covid-19 and winter pressures will take priority over elective care services, although the regional approaches announced such as day case elective care centres and orthopaedic hubs will support continuation of elective activity in the event of further Covid-19 surges.
- The HSC system will consider **thresholds of hospital Covid-19 care,** which may require downturn of elective care services.
- Trust's Surge Plans, whilst focusing on potential further Covid-19 surges, should take account of **likely winter pressures.**
- Trusts should plan for further Covid-19 surges within the context of the **regional initiatives** outlined in Section 7 of this document.
- Trusts should as far as possible **manage Covid-19 pressures within their own capacity first.** Should this not be possible, Trusts are required to make use of the regional Emergency Care facility at Belfast City Hospital or the regional 'step down' facility provided at Whiteabbey Hospital, as appropriate. Trusts will also consider collectively how they will contribute staff resources to support Nightingale hospitals when necessary.
- The Department, HSCB, PHA and the Trusts will closely monitor Covid-19 infections, hospital admissions and ICU admissions to ensure **a planned regional response** to further Covid-19 surges. This will support continued service delivery.

- The Department will, if Covid-19 infection rates and other indicators give cause for action, **recommend further tightening of social distancing measures to the Executive.**

When developing the plan account has also been taken of the new Guidance issued 20 August 2020: Version 1 'Covid-19 Guidance for the Remobilisation of services within health and care settings: infection prevention and control (IPC) recommendations' Version 1 'COVID-19 Guidance for the Remobilisation of services within health and care settings. The Infection Prevention and Control principles in this document apply to all health and care settings. The guidance was issued jointly by the Department of Health and Social Care (DHSC), Public Health Wales (PHW), Public Health Agency (PHA) Northern Ireland, Health Protection Scotland (HPS)/National Services Scotland, Public Health England (PHE) and NHS England as official guidance.

Challenges

Covid-19 global pandemic has presented the health and social care system with a number of unique challenges which have dramatically changed the way services are delivered for various reasons including clinical, patient and staff safety. Some of the key challenges in implementing our seasonal resilience plans and Covid-19 surge plans include:

- Assessing **workforce pressures** including the ability to safely and appropriately staff the rebuilding agenda, taking into consideration the impact of local cluster outbreaks within staff groups. Also factoring the need for staff to take planned annual leave especially as we approach the autumn and winter period, and flexible working necessary to support childcare and other caring commitments. We must also ensure our staff are protected from burn-out and feel supported in work. We need to ensure that the workforce resources required for testing and contact tracing to maintain patient and staff safety in respect of spread of infection, are in place. Enhancing support for Occupational Health and IPC Teams will also be critical.
- During the winter period the Trust normally experiences approximately 150 to 200 episodes of staff sickness absence in acute services at any one time. A higher number of staff absences is anticipated throughout the winter months due to Covid-19 related absence / self-isolation, which could double the normal absence rate. If we continue to experience further local Covid-19 outbreaks within our staff and services this will undoubtedly impact our ability to deal with both our rebuilding effort and response to winter pressures.
- As with every year, we will manage the staffing situation by down turning some activity, careful management of rotas / annual leave and most likely increased reliance on agency staff but this year it is important to acknowledge that this will be more challenging to plan with the ongoing pandemic and the impact of staff absences.
- **Balancing safety and risk** through regional agreements in respect of ensuring both effective ongoing response to Covid-19 locally and the need to rebuild elective surgical and diagnostic services for prioritised clinical groups on an equitable basis for the Northern Ireland population taking account of specific Trust differences, including for example accommodation available.
- Continuing to **maintain effective Covid-19 zoning plans** in line with Infection Prevention and Control advice and guidance, to safely manage separate pathways for flow of staff and patients across all acute sites, optimise efficient utilisation of PPE and ensure adequate catering and rest facilities for our staff.
- Assessing the ability of **our accommodation and transport infrastructure** to support and enable restart plans across our hospital and community sites. This presents significant challenges and will include a reduction in site capacity and productivity.
- Ensuring sustainable **models for 'testing'** of health care workers and patients as part of our ongoing response to Covid-19.
- Attaining and sustaining a **reliable supply of critical PPE,** blood products and medicines to enable us to safely increase our services. In this plan the Trust

has assumed a supply of PPE to meet the anticipated activity levels. The Regional PPE group will consider restart plans from all Trusts and it is anticipated if there are challenges with critical supplies the Trust will be advised and adjustments may be required.

- Under the banner of Mutual Aid and Resilience, the Trust is providing **necessary support and resources to the nursing/ care home sector and supported living** on an ongoing basis. This alongside ensuring that Trust based services can be restarted and rebuilt, will impact on the pace and scale as we seek to meet demand across all service areas.
- Continued support of both Trust Covid-19 Centres is placing a demand on Trust staff and facilities. The use of these facilities is reducing capacity to restart some other services, which were stood-down previously.
- We will be mindful of our commitment to **co-production and engagement** and informed involvement in key decision making in our local agreements to rebuild services, while ensuring we harness opportunities to deliver services differently and with innovative solutions that reduce the need for direct patient contact but can effectively and safely deliver health and social care services.
- Providing **continued support to those in need** within our population including those who are 'shielding', vulnerable people, and people at risk of harm.

Rebuilding services safely in some areas is anticipated to require **capital and revenue funding t**hat will be subject to securing DOH approval. For example, preparations for physical distancing and preparing for potential impact of a further surge will require refurbishment of existing, or additional accommodation with supporting equipment and ICT funding necessary.

Responding to Winter Pressures

The Southern Trust's winter planning and delivery arrangements for unscheduled care seeks to provide assurances that the Trust has robust plans in place to respond to anticipated increased pressures and seasonal risk factors during 2020/21 winter period.
We know that historically the demand for unscheduled care increases during the winter season. Most patients requiring urgent care services present to an Emergency Department as the single point of entry for emergency and urgent care.

For the purpose of the resilience plan the following working definition has been used:

- **Unscheduled care is any unplanned contact within the NHS by a person requiring or seeking help, care or advice. It follows that such a demand can occur at any time, and that services must be available to meet this demand 24 hours a day.**
- **Unscheduled care includes urgent and emergency care.**

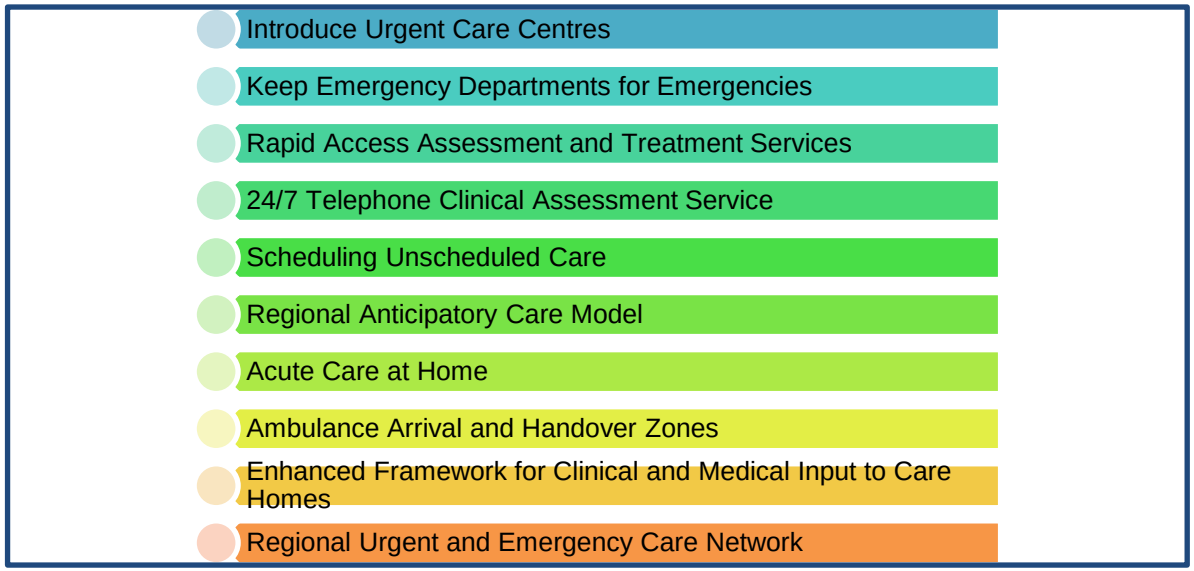
Attendances at Emergency Departments happen for a range of clinical and non-clinical reasons. Some of these include:

- Patients with chronic conditions whose symptoms may have changed

- Patients who have been seen by GPs or the Northern Ireland Ambulance Service and who need follow up tests or treatment which is only available in a hospital setting.
- Those with minor illness/injury who cannot access/are not aware of more appropriate pathways
- Those with pre-existing symptoms who are already on a waiting list for investigation or treatment.
- Patients for whom walking in seems more convenient as there is no readily accessible alternative

It has been recognised that this system inappropriately channels patients who require urgent care through Emergency Department because there is no other practical option, this issue is being addressed regionally via the 'No More Silos' project.

The Minister of Health has approved the establishment of an interim 'No More Silos' network to produce detailed proposals for the reform of Urgent and Emergency Care. The action plan sets out 10 actions (see below) to ensure that urgent and emergency care services across primary and secondary care can be maintained and improved in an environment that is safe for patients and for staff. To support the strategic network, local implementation groups have been set up. The Southern Trust Local Implementation Group comprises leaders from across primary and secondary care and includes GPs, Trust and Northern Ireland Ambulance Service.



In previous years, figures showed that the increased number of people attending Emergency Departments led to an increased number of admissions with approximately 25-30% of patients requiring admission to an inpatient bed. This then reduces the capacity in the winter to deliver planned elective care. It is

anticipated that any further waves of Covid-19 pandemic will result in additional hospital attendances and admissions and will further limit the capacity for elective care. This includes access to diagnostics such as imaging, laboratory testing, critical care capacity etc. This will impact on the Trust's ability to achieve the rebuilding agenda

The Trust anticipates that seasonal increases in demand especially during Winter will impact on the Trust's ability to achieve the rebuild agenda. Any surge in people with Covid-19 needing access to care and hospital admission will add even more pressure to the unscheduled care system.

To manage service demand arising from Covid-19 and winter pressures the Trust will focus on the following themes summarised in the sections below:

1. Early intervention and demand management
2. Emergency Department provision of safe, effective and timely emergency care
3. Maximising capacity and promoting safety in hospital flow
4. Optimising community care and discharge
5. Supporting our people

Theme 1 - Early intervention and demand management

Objective: Provide alternative pathways that will enable early intervention and manage demand.

How we plan to achieve this:

- **Development of Ambulatory Pathways as part of 'No More Silos'** Urgent and Emergency Care Local Implementation Group. Pathways will enable patients to be rapidly assessed, investigated and treated without the need to be admitted to hospital. This work will include development of primary care facing pathways aligned with areas of largest volume for ambulatory opportunity to include Arterial Fibrillation, Syncope and Collapse, Anaemia, Congestive Heart Failure, Pulmonary Embolism and Gastrointestinal.
- **Reinstate and Extend Respiratory Ambulatory Model to a 5 day primary care facing service model**- CAH and DHH Multi-disciplinary 'one stop' assessment for patients with long term respiratory conditions who are deteriorating towards the point of admission. The extension to 5 day service will facilitate a primary care facing and early intervention model.

- **Managing demand in Primary and Community Care** has to be an integral element of the resilience planning process to address rising demand in secondary care services.
- **Extension of Acute Care at Home (AC@H)** for acutely unwell over 65 years to continue to be delivered **7 days per week**
- **Implementation of Restore2 assessment tool within Care Homes** to identify acute deterioration and support referral to AC@H supported by GP's alongside supporting **Asymptomatic Covid-19 positive Care Home residents**.
- **Enhancement of Care Home Support Team** to a multi-disciplinary team to support Care Homes when additional support is required and also in relation to Anticipatory Care Planning.
- **Reinstate the Direct Assessment Unit** in DHH and consider opportunities to expand pathways
- **Reinstate the Older Persons Assessment Unit** in CAH 5 days per week and DHH 3 days per week.
- **Flu Vaccine programme** – The Trust will commence this year's programme of flu vaccines for staff commencing in September 2020. A peer vaccinator model has been introduced working across Trust clinical services to champion and enable uptake particularly across all front line services.

Theme 2: – Emergency Department: provision of safe, effective and timely emergency care.

Objective: To ensure patients are provided with safe and effective emergency care
How we plan to achieve this:

- **Development of Urgent Care Centres** as part of 'No More Silos' Urgent and Emergency Care Local Implementation Group. This work will include:
  - Development of an Urgent Care and Treatment Centre on CAH site initially with an expansion of existing urgent care triage services.
  - 24/7 Clinical Assessment Telephone Service run and managed by a mixed staffing model of primary and secondary care medical and nursing staff with direct access to appointments in urgent care centres and diagnostics.
- **Further embed the Booking Advice Triage (BAT) Phone** to provide advice to primary care and to sign post the patient to the right place at the right time. Staffed by senior medic (Emergency Care Consultant / Doctor) Operational Monday to Friday 9am to 5pm, with plans to extend services to 9pm.
- **Provision of Senior Decision Makers in CAH ED** - Appointment of two additional consultant ED staff (Locum) to provide enhanced capacity at peak times for access to senior decision making.
- **Paediatric Multi-disciplinary Team to support ED during busy periods** CAH/DHH ED Huddle at 3.15pm where Consultant and /or Registrar and Doctor or Advanced Paediatric Nurse Practitioner (APNP) covering Short Stay Paediatric Assessment Unit (SSPAU) go to ED to review triage forms, and breach times with the aim of getting children/ young people moving before 5pm either to SSPAU/ Ward or to home.
- **Paediatric Advice Line** CAH /DHH – advice will be provided to GPs and other health professionals and where clinically appropriate Paediatrican or Advanced Paediatric Nurse Practitioner will arrange for child to attend the Short Stay Paediatric Assessment Unit (SSPAU) for further assessment avoiding attendance at ED.
- **ED Trackers** for CAH and DHH that will focus on the flow of patients within the Urgent Care Centres
- **Ambulance Receiver Roles** (CAH site) - To work in collaboration with Northern Ireland Ambulance Service and nursing staff in ambulance triage. Responsible for providing direct patient care and escalating any deterioration in patient
- **Medical Cover at Night –** additional Senior House Officer (SHO) cover at DHH 7 days 9pm – 9am

Theme 3: Maximising capacity and promoting safety in hospital flow

Objective: We will ensure good flow through the hospital and patients will be discharged without delay

How we plan to achieve this:

- 18 **Additional medical beds** in CAH (Ramone) and 18 additional medical beds on DHH site to increase capacity (does not include additional beds to support Covid-19 response).
- Additional **staffing** to support additional medical beds across the hospital system – including medical nursing, allied health professional (AHP) and pharmacy staffing.
- Further development of patient flow function **as a key workstream focused on Discharge and Flow Pathway as part of the No More Silos project** including:
  - Reviewing of patient choice protocol
  - Implementation of safer bundle
  - Review of escalation plan
  - Ward Round Management including early starts, ward checklists, attendance of ward manager or lead sister with Consultants
  - Improvement pathways for Mental Health and Physical Disability
  - Review of Outlier Policy to prevent multiple moves and change of Consultant.
  - Effective functioning and utilisation of the control room.
- Maintain existing provision of **7 day working (AHP & Social Work**) to support effective discharges at weekends.
- Continuation of integrated liaison service to provide support to both wards and ED as and when required to meet the needs of the population presenting with mental health / addiction issues.
- Enhancement of the Intermediate Care Service to support core in hours with a focus on **Discharge to Assess and Step Up Care.**
- **Further expansion of the Outpatient Parenteral Antimicrobial Therapy (OPAT)** - OPAT service which will enable patients who are medically stable and whose only reason for admission to or remaining in hospital is the requirement for IV antibiotic therapy, to be treated in an outpatient setting, within available resources.
- Development and implementation of **ambulatory pathways**- including surgical, medical, paediatric, obstetrics and gynaecology alongside establishment of hot clinics for each specialty

Theme 4: Optimising community care and discharge

Objective: We will have services in place that will enable you to be discharged from hospital or stay at home to receive safe care.
How we plan to achieve this:

- Continue to provide **Stroke Early Discharge Service** - supportive discharge from hospital for stroke patients with mild to moderate impairment at an appropriate intensity similar to hospital rehabilitation.

- Enhancement of **Intermediate Care Service** – to support core in-hours with a focus on facilitating earlier discharge or preventing admission through discharge to assess and step up care.
- **Community Children's Nursing Team** will support earlier discharge of children.
- **Child and Adolescent Mental Health Service (CAMHS)** Assessment Crisis Team will assess children / young people in hospital and provide urgent review appointments in the community to facilitate discharge.

Theme 5: Supporting our people

Objective: We will put in a number of enabling actions to support the delivery of this plan.
How will we plan to achieve this:

- **Continued focus on staff health and wellbeing**:
  - Ensure psychological support service continues to be available for staff along with support for teams and team leaders
  - Sharing of key staff health and wellbeing messages through our U-Matter Team and information hub.
  - Continually review individual risk assessments for vulnerable staff
  - Promotion of flexible working guidance and support measures for staff to help them balance responsibilities as a key worker with their caring commitments which could break down at short notice
  - **Flu Vaccine programme** – The Trust will commence this year's programme of flu vaccines for staff in September 2020. A peer vaccinator model will be in place across Trust services to champion and enable uptake particularly across all front line services. We will seek to increase uptake to 75% of frontline staff by March 2021.
  - Access to rapid Covid-19 testing for staff
- **Engagement & Communications:**
  - Development of Internal and external communication plans informed by timelines and actions from Department of Health and Health and Social Care Board. Key objectives of these plans include:
    - To raise awareness /understanding of the challenges facing the Trust this winter and the potential impact on services.
    - Regular updates to staff regarding Covid-19 impact on services, and key reinforcing messages relating to adherence to Covid-19 guidelines.
    - To ask for the public's co-operation during what is expected to be a difficult and challenging period.
    - To raise awareness of Trust's Winter plan with staff and gain feedback

- To support regional HSCB winter campaign when launched
- To support regular and timely engagement with Trade Union colleagues

- **Building workforce capacity:**
  - Ensure arrangements are in place to respond swiftly to additional workforce requirements for winter resilience, second surge and outbreak management, across the Trust and as required in Independent Sector providers.
  - Allocation of staff leave to ensure adequate cover over Christmas and New Year – Assistant Directors working with the HR Business Partners will bring forward staff plans including plans for supplementary staffing as required to ensure safe levels of care during the holiday period.
  - Further refine approaches to mandatory / profession specific training to ensure staff are skilled and ready to mobilise to respond to service need.

This Resilience Plan has been developed with staff focusing on the holistic pressures that will challenge our services for the next 3-6 months and so the impact and planning for any future Covid-19 surges and winter pressures has been considered in an integrated way.

Wider health and social care impact of anticipated Covid-19 Surge

It is acknowledged that any future waves of Covid-19 pandemic would have a significant impact on the ability to deliver the Trust's rebuilding agenda. The Trust will continue to apply the regionally agreed rebuild planning principles to decision making to:

- Ensure equity of access for the treatment of patients across Northern Ireland;
- Minimise the transmission of Covid-19; and
- Protect the most urgent services.

Surge impact by service

This section explains the likely measures the Trust would be required to consider to ensure some level of continuity of service continues during any further Covid-19 surge. Many Trust services continued to be sustained during the first Covid-19 surge. This plan is for those services that experienced a significant impact as a result of the pandemic and explains the actions being proposed to manage any further Covid-19 surge. In developing this high level plan the Trust has participated and taken account of regional plans such as Care Homes, Domiciliary Care, Acute, Mental Health, Childrens and Critical Care Network Northern Ireland (CCaNNI), Northern Ireland Cancer Network (NICaN).

Every effort will be made to continue to rebuild services but it is essential contingency plans are outlined to explain what may occur. There are on-going restrictions in place to manage the current Covid-19 risk that limit the way we use our buildings, such as separating pathways for Covid-19 patients and non Covid-19 patients and the way we maintain social distancing in departments. A further surge in Covid-19 may mean we need to provide more capacity to meet this demand that would arise from more cases, in addition to seasonal winter pressures.

The Trust's Infection Prevention Control (IPC) team continues to provide direct practical support within our hospital and community facilities and advice across a range of sectors including statutory and independent sector home care provision. The capacity of this team is limited and additional resources to support IPC are required. The Trust will continue to prioritise this capacity in response to any local outbreak activity in the first instance during the winter period.
The Trust will support where possible the regional Nightingale facilities however, given extreme staffing constraints already being experienced the ability to provide support will be subject to the Trust's ability to maintain safe local services where necessary in the first instance.

The table below outlines details by services, the measures that would need to be taken to respond to the next wave of Covid-19 cases.

OUR SERVICES	RESPONSE TO SUBSEQUENT WAVES OF COVID-19 PANDEMIC
Hospitals	
Urgent and Emergency Care –	Emergency Care services will continue to be provided on both acute hospital sites.
Critical Care	Will be scaled up in line with the Critical Care Regional Surge Plan. CCANI (critical care). The Trust is assuming maximum surge capacity of 24 intensive/ critical care beds to respond to local Covid-19 surge. Any further regional surge demand will be addressed via regional Nightingale capacity established at the Belfast City Hospital.
Diagnostics	Services will only continue for unscheduled care and elective (Cancer/ 'Red Flag'/urgent). Routine elective work would cease
Cancer Services	Services provided as per the regional plan for sustaining cancer services Northern Ireland Cancer Network (NICaN). The Trust is assuming that all Red Flag and Urgent surgical activity will be progressed during the winter period and in the event of a second surge will be progressed by the clinical leads networks and agreed on the basis of clinical urgency and equity of access. We will avail of independent sector capacity for surgical procedures – breast and urology
Day Surgery and Endoscopy	Day case surgery and endoscopy will cease across all sites
Outpatients	Phone and video appointments continue with face to face appointments scaled back for urgent and Red Flag patients only.
Integrated Maternity and Women's Health	Births continue at hospital sites, ability to support home births will be significantly reduced.
Inpatient Elective Surgery – Adults and Paediatrics	Emergency Surgery will be maintained 24/7 on both sites (CAH & DHH) Urgent bookable surgical list on the DHH site will be maintained dependent upon availability of staffing. The urgent bookable list on CAH site will cease to

	release staff for critical care
Mental health and Adult Disability Services	
Community services	Maintain telephone review and virtual urgent appointments
Inpatient Facilities	No change
Day Care and Day Opportunities	Maintain provision of statutory and Independent sector day care and day opportunity services in line with available staffing and resources.
Community Disability	Maintain service provision in line with available staffing and resources.
Disability Elective/AHP/Outpatients	Will be scaled back to release staffing to support urgent and emergency care delivery.
Respite Care	Statutory & Independent provision will be reviewed and maintained where possible
Supported Living	Will continue as normal.
Community Addictions	Virtual contacts will be maintained and face to face contacts will be scaled back.
Psychological Services	Continue to provide support to staffing
Primary Care and Community Services	
Community Clinic and Rehabilitation	Subject to risk assessment face to face appointments will be scaled back.
Primary Care/GP Lead Services	No change
Sexual Health Services	All routine and 'walk-in' appointments will cease and where possible will be delivered by virtual contact.
Promoting Well-being	No change.
Children and Young People	
Health Visiting	Maintain Health Visiting for children under 1 and safeguarding cases.
School Nursing	Will continue to support autumn/ winter immunisations programme based on regional guidance.
Immunisation	Immunisation programmes may be temporarily limited in line with regional guidance. Priority will be given to flu vaccinations.
Children with Disabilities	Short breaks may be temporarily suspended/scaled back.
Autism Spectrum Disorder	Face to face appointments will be scaled back and service will continue to deliver urgent new and review appointments through virtual consultations.
Child and Adolescent Mental Health Services (CAMHS)	Face to face appointments will be scaled back and services will continue to deliver urgent new and review appointments through virtual consultation and emergency appointments will be provided face to face.
Court Childrens Services	Continue via video platform.
Child Protection	Child protection visits will be risk assessed to determine if a visit can take place. Case conferences will take place via zoom.

Domestic Violence	Continue no change.
Outreach Service Pilot	Continue no change.
Looked After Children (LAC)	• Statutory visits and LAC review meetings will be Covid-19 risk assessed in relation to face to face contact • LAC reviews will continue to take place remotely via zoom • Statutory face to face visits will continue to be Covid-19 risk assessed. • Where possible Case Conferences and LAC Reviews to take place remotely (by video or telephone). • Face to Face contact between Looked after Children and their parents will be risk assessed as per regional guidance
Acute and Community Paediatrics	Face to face paediatric outpatient clinics for urgent cases including the provision of rapid access clinics.
Paediatric Inpatient Services	Regional Paediatric Escalation Plan (Non PICU) – process in place to trigger daily cross Trust teleconference call when bed capacity in Trusts reaches a critical threshold to enable action plan to be put in place to support Trust experiencing bed pressures CCaNNI Regional Escalation Plan for Paediatric Intensive Care Beds – the Trust works in partnership with RBHSC PICU to free beds to allow for transfers / repatriations from RBHSC when the unit reaches full capacity.
AHP	Telephone reviews will be carried out for routine cases. Advice and therapy packs will be given out.
Dental	Urgent appointments will be provided in Community Dental Service Clinics and urgent dental extractions under general anaesthetic will continue for most urgent cases.
Older People	
Residential/Nursing and Community Care	Under the banner of Mutual Aid and Resilience and in keeping with the regionally agreed revised Care Home Surge Plan the Trust will continue to support our care homes through the pandemic.
Domiciliary Care	Working to the regional plan for domiciliary care and focus resources to those most in need in the community. This includes concluding the review of those in receipt of domiciliary care packages who halted their package during COVID-19 surge 1.
Day care:	Day care centres will close.

Corporate and Support Services	
Support to operational services and staff	Support teams in Estates, Finance, Human Resources, Occupational Health, Planning, ICT, Infection Prevention and Control, Corporate Nursing and AHPS will continue to support the operational directorates with rebuild agenda and Covid-19 response plans as required going forward.

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 [x] **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, the 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 (SOA's) within the 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 the Trust are ranked amongst the top 100 most deprived SOAs: CROSSMAGLEN (57), FORKHILL (100) and SILVER BRIDGE (94).

Two domains identified as sub sets relevant to rural needs impact assessment screening were health deprivation and disability and access to services:

- In relation to health deprivation and disability, none of the rural areas served by the Trust 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 the Trust that rank amongst the top 100 most deprived Super Output Areas (SOAs): BALLYWARD being the 4th highest ranking and CARRIGATUKE ranking 100th.

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

The Trust's resilience plan includes actions that relate to the temporary standing down of services to allow for capacity to be created todeal with the pandemic – this will impact on people living in both rural and urban areas. This assessment for rural needs concentrates on service being created, services being delivered remotely or virtually 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.

Actions that are likely to be relevant for rural needs are:

- **Outpatients - Phone and video appointments continue with face to face appointments scaled back for urgent and Red Flag patients only.**
- **Integrated Maternity and Women's Health -** Births continue at hospital sites, ability to support home births will be significantly reduced.
- **Urgent bookable surgical list on the DHH site will be maintained dependent upon availability of staffing. The urgent bookable list on CAH site will cease to release staff for critical care.**
- **Mental health and Adult Disability Services -** Community services - Maintain telephone review and virtual urgent appointments
- **Disability Elective/AHP/Outpatients -** Will be scaled back to release staffing to support urgent and emergency care delivery.
- **Community Addictions -** Virtual contacts will be maintained and face to face contacts will be scaled back.
- **Community Clinic and Rehabilitation -** Subject to risk assessment face to face appointments will be scaled back.
- **Sexual Health Services -** All routine and 'walk-in' appointments will cease and where possible will be delivered by virtual contact.

- **Autism Spectrum Disorder -** Face to face appointments will be scaled back and service will continue to deliver urgent new and review appointments through virtual consultations.
- **Child and Adolescent Mental Health Services (CAMHS) -** Face to face appointments will be scaled back and services will continue to deliver urgent new and review appointments through virtual consultation and emergency appointments will be provided face to face.
- **Court Childrens Services -** Continue via video platform**.**
- **Child Protection -** Child protection visits will be risk assessed to determine if a visit can take place. Case conferences will take place via zoom.
- **Looked After Children (LAC) -** LAC reviews will continue to take place remotely via zoom, where possible Case Conferences and LAC Reviews to take place remotely (by video or telephone).
- **AHP -** Telephone reviews will be carried out for routine cases. Advice and therapy packs will be given out.

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?

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;	
Rural Development		Broadband/Mobile Communications in Rural Areas	**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 [X] **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?

Consideration has been given to the social and economic needs of people in rural areas listed in section C, including for example, access to services in terms of economic cost, availability of public transport and broadband/internet/mobile communication access. The Trust is cognisant of the need to consider and mitigate any potential adverse impact. The Trust's plan will be kept continually under review, given the fluidity of the situation and in order to respond to emerging needs and challenges. See consideration and mitigating measures for potential impact on people in rural areas below:

- Care Homes - the Trust's intention is to move towards providing increased care in homes and community settings which has the potential to

benefit rural service users in terms of reducing travel to hospital settings.

- Virtual appointments – Trusts services continue to offer service users alternatives to video calls depending on access to technology/broadband eg telephone calls.

- Redeployment – the Trust continues to recognise the importance of enabling staff to have flexibility and has introduced a series of flexible working options.

- Visiting - the Trust continues to facilitate virtual visiting for families/carers.

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** [X] **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?

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 'No more Silos' 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 on 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. ☐

Rural Needs Impact Assessment undertaken by:	Janet McConville
Job Title/Directorate	Assistant Director of Corporate Planning

Signature:		**Date:**	
Approved by:	Aldrina Magwood		
Job Title/Directorate	Director of Performance and Reform		
Signature:		**Date:**	