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:

The Trust's Rebuilding HSC Services – Phase 1 Plan (June 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

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 has asked each Trust to prepare and publish a Stage 1 plan for their own area covering the period to 30th June 2020.

In support of this, the Southern Trust has set out, in its plan i.e. 'Our Approach: Rebuilding Health and Social Care Services in the Southern Trust - Stage 1 Plan' a high level overview of the services that it plans to maintain as part of the Covid-19 response and those that it plans to rebuild during the month of June 2020 for the Southern area.

In working together with our partners across Northern Ireland to implement the recovery of Non – Covid-19 Health and Social Care Services, the agreed regional approach will be to:

- Ensure Equity of Access for the treatment of patients across Northern Ireland
- Minimise transmission of Covid-19; and
- Protect access to the most urgent services for our population

The COVID-19 Emergency prompted the need to adopt new ways of working to balance the challenges of protecting the health of the population and safeguarding the health and wellbeing of the most vulnerable people in the community, whilst continuing to delivery high quality, safe patient/client services and a safe working environment for staff and all those who come into contact with our services. The Trust prepared a surge plan, which was subject to equality screening in keeping with the commitments in its approved Equality Scheme. The Trust's surge plan detailed the reconfiguration of some services, as temporary measures.

We are now past the first peak of the Covid-19 outbreak in Northern Ireland, and the Rebuilding Services Plan details how the Trust intends to begin to rebuild health and social care services.

NB: This Equality Screening relates to Rebuilding Health and Social Care Services in the Southern Trust Stage 1 Plan i.e. 1st June to 30th June 2020.

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

Rebuilding HSC Services – Stage 1 Plan: 1st June – 30th June 2020 - Our Approach: Rebuilding Health and Social Care Services in the Southern Trust

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

Background and Context:

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 our 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 Southern Trust. For example:

➢ 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; an

➢ Some services changed considerably to meet new ways of working necessary to sustain services during the pandemic.

➢ It will take time to rebuild our services and the way these are to be delivered may look and feel differently as we take account of new ways of working necessary to assure safety in line with social distancing, personal protective equipment (PPE) and infection prevention and control requirements. We also must take account of the lessons learned from the initial covid-19 response to ensure that we consider and seek to sustain the positive benefits achieved.

➢ As lockdown measures in the community are eased, the Department of Health now require HSC Trusts to complete risk assessments as part of incremental plans to resume service delivery in areas affected by the pandemic response.

For the Southern Trust, this means assessing the risk of exposure to Covid-19 for our patients and staff as well as the risk associated with the direct impact that managing covid-19 has on reducing the capacity and access to other services for our community. The likelihood that a vaccine can be deployed effectively and at scale is anticipated to be approximately12 months away. It is acknowledged that Covid-19 is still infecting people in our 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. Now is the time to consider and plan to implement the rebuilding of our services over the next 1 month, 3 month and 12 month horizon.

Stage 1 of the Rebuilding Services plan has a focus on the need to **reinstate services in an incremental way while ensuring the delivery of high quality and safe patient/client services.**

The Department of Health (DoH) has therefore requested that HSC Trusts publish plans to implement the rebuilding of non Covid-19 services covering the period **1 to 30 June 2020.** As we do so we have to recognise that Coronavirus will be with us for some time and that a second wave of the virus is also widely expected and this will change the way we provide many of our services

Looking ahead:

As we move towards the future, we will be focusing on key areas through our **Project Reset 'Framework for the Rebuilding Services following Covid-19'**. We will rebuild and re-form services, using the learning from the Coronavirus period to establish a 'new normal', providing safe, high-quality health and social care to our patients and service users. We will place our staff are at the heart of all we do and we will support them to learn from their experience, with our continued focus on making SHSCT a great place to work. We will reach out to develop and strengthen our partnerships with those inside and outside the Trust, including our Trade Union colleagues with the overarching aim of improving the health and wellbeing of our population.

The Department of Health have asked that service plans be assessed against a "checklist" to ensure that they have been subject to a rigorous risk assessment, take account of new ways of working and can be safely implemented in line with social distancing, personal protective equipment (PPE) and infection prevention and control requirements. As a result, the way services are delivered may look and feel different. It will take some time to rebuild services within the Trust aligned to these guiding principles with greater challenges anticipated in areas where we continue to respond to Covid-19 with our top priority being to ensure we can provide Covid-19 -safe environments and working practices for our staff, patients and service users.

Important preparations for rebuilding our services have already commenced. We have reviewed and amended our Corporate Risk Register to reflect Covid-19 risks through our Governance Committee and we are involving staff, community partners, Trade Unions and service users in engagement sessions to ensure we reflect 'lessons learned' from the initial response period and optimise opportunities to improve our services as part of our rebuild plans. Reflecting our learning for improvement so far, our Stage 1 plan will focus on:

- Our Community First - we plan to focus our resources on supporting acute care in the community home/ care home wherever possible in the first instance i.e. 'step- up' services. We will also focus our resources on community support following acute hospital Covid-19/ Non-Covid-19 hospital admissions to home/ care home in the first instance i.e. 'step- down' services;

- Prioritising Health and Social Well-being of our Services Users and our Staff - the need to assure compliance with social distancing requirements, meeting Infection Prevention and Control compliance and ensuring we optimise our Personal and Protective Equipment (PPE) and staffing resources is our principal challenge. We will continue to engage our staff and provide a 'roadmap' for rebuilding services with clear expectations aimed at building confidence and providing support to our front line staff. In terms of the urgency and phasing of our restart plans, we will consider the overall health and social care impact on our services users and our staff across all our programmes of care and alternative approaches where necessary will be implemented. This may include changes to how we use our 'resources' both staff and our facilities.

Details of Services (By Service Area)

SERVICE AREA: OUR HOSPITALS

Urgent and Emergency Care
To manage the risk to patients and staff from Covid-19, the Trust's access to emergency department (ED) care was changed. Temporary closure of ED at Daisy Hill Hospital to create a single access via CAH; split respiratory and non-respiratory flow at CAH; Paediatric Ed established in Blossom Children's Unit; Mental Health Emergency Assessment Unit created within Bluestone Mental Health Unit. Minor Injuries Services continued at South Tyrone Hospital (STH). The Trust established a Covid-19 virtual hospital service 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. In Phase One of rebuilding services the Trust plans to continue to deliver emergency care through these current service models over the next four weeks and will scope the potential for recommencement of Paediatric triage through ED. An ED GP Hotline will be established. Transition ward will operate 24 hours x 7 days. Maintain the Virtual Hospital service and look to enhance the input engaging shielding medical and nursing staff to support the existing clinicians.

Critical Care
Intensive care provision was scaled up in line with the agreed regional critical care 'surge' plan to provide up to 16 ICU beds at CAH. Skilled staff from other areas were redeployed from other areas to support the increase in critical care provision locally and regionally. In Phase One of rebuilding services the Trust plans to revert Intensive Care provision to pre-Covid-19 status to provide 10 critical care/high dependency beds at CAH.

Diagnostics (X-Ray, MRI, CT, cardiac investigations)

Services continued for elective (Cancer/redflag'/Urgent) and emergency patients only. Breast Screening was 'paused' by PH and symptomatic breast clinics were provided x 3 days per week. In Phase One of rebuilding services, inpatient, red flag and urgent investigations will continue. Access to additional independent sector provision will be pursued to increase availability for MRI and non-obstetric ultrasound investigations. Interventional radiology work will increase, CT colonography will restart, BEXA scans will restart in South Tyrone Hospital, regional support to

progress New born hearing tests for babies born during April and May. Re-establish 7 day inpatient service for Cardiac Investigations and scope potential to re-establish a 7 day out patient service.

Cancer Services

During surge, cancer surgery continued in line with NHS England and NICaN prioritisation.Oncology, haematology and systemic anticancer treatments (SACT) including chemotherapy continue and in accordance with national and NICaN regional guidance. In Phase One of rebuilding services, surgical activity will increase in a phased way for red flag and urgent referrals based on clinical priority. Further embed haematology and palliative care pilots for video/telephone clinics. Re-establish intravesical chemotherapy for bladder cancer.

Day Surgery and Endoscopy

Day Case surgery was temporarily ceased across all hospital sites. Endoscopy lists continued at DHH. In Phase One of rebuilding services, the Trust will further increase endoscopy provision at DHH and STH and via the independent sector. They will re-establish bowel cancer screening at STH, stone treatment procedures in Urology and a weekly bronchoscopy list. Further embed swabbing and shielding/isolation arrangements and scheduling for day case and inpatients in line with Covid-a9 guidance and regional guidelines.

Outpatient Services

During surge, services continued mainly using video/telephone (Virtual) clinics with some face to face clinic appointments for urgent and red flag patients only. Face to face clinics continued for fracture and anti-coagulant.   In Phase One of rebuilding services there will be a further expansion of video/telephone clinics where this has proved effective. Secure IT platforms for supporting this way of working will be further tested across a number of specialities. Video/telephone clinics will be established and will start in June a number of specialities who work within the compromised space available in hospital sites and maximising alternative accommodation options where possible. A 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.

Integrated Maternity and Womens health

During the surge, home birthing stood down. Consultant and midwife clinics were reduced. Nurse led clinics ceased.   Home visits for postnatal women changed to women being seen in the local health and care centres. Minimal gynaecology clinics continued at CAH and DHH for colposcopy/hysteroscopy and red flag referrals. Staff changed working patterns to deliver services differently across both sites in line with our initial Covid-19 response. In Phase One of rebuilding services, home births will be increased, midwife/nurse led smear and pessary clinics will restart on both sites. Early Medical Abortion clinics will restart in line with legislative requirements. Increase number of gynaecology clinics at both sites. Recommence home visits for postnatal women on a phased basis.   Theatre lists for gynaecology patients to recommence as part of urgent bookable lists.

Inpatients Elective and emergency Surgery for Adults and Paediatrics

During surge, emergency surgery only at CAH. Urgent bookable surgical list on DHH site. New technology enabling 'virtual' contact with

patient/families was introduced in wards and the ICU/neonatal unit at CAH. In Phase One of rebuilding services, urgent bookable surgery list recommenced on CAH site. Urgent bookable list on the DHH site to continue. Further roll out of planned 'virtual visits' across inpatient areas.

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. In Phase One of rebuilding services, Service Recover Plans are being developed. All facilities are being assessed in conjunction with RQIA capacity guidelines. Service users to return to Trust Day Centres in a phased way.

Inpatient facilities
During surge, Electroconvulsive therapy (ECT) service was temporarily stood down. There were reduced numbers of social outings for learning disability inpatients. In Phase One of rebuilding services, urgent ECTs in Bluestone Unit will recommence and social outings for learning disability inpatients to increase.

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 service will 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 are being developed and will be communicated in due course.

Respite
During surge, all respite provision was temporarily stood down. In Phase One of rebuilding services, access to independent sector respite services will increase. Trust to scope the capacity of Woodlawn House to provide respite and assist in supporting the community Covid-19 response.

Supported living
During surge, social outings of learning disability clients in supported living schemes were reduced. In Phase One of rebuilding services, the Trust will increase social outings for clients with a learning disability and support mental health clients to re-engage with social activities as appropriate.

Community Addiction Services
During surge, community addition service was scaled back to provide urgent appointments via video/telephone clinics and maintenance of patients on opiate substitution. In Phase One of rebuilding services, the service will scale up the community addition service to deliver new and review video/telephone and face to face clinics within staffing capacity. They will scope capacity to recommence opiate substitution therapy assessment and induction.

SERVICE AREA: PRIMARY CARE AND COMMUNITY SERVICES

COVID-19 Telephone Advice Line
During surge, a Public Covid-19 telephone advice line to support the regional helpline was established. In Phase One of rebuilding services, this public advice line will continue.

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.

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 will continue 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.

SERVICE AREA: CHILDREN & YOUNG PEOPLE

Health Visiting

During surge, the Trust will maintain Health visiting for priority and urgent cases. In Phase One of rebuilding services, the Trust will commence incrementally health visiting contacts under the Health Child Health Future Strategy including safeguarding visits.

School nursing

During surge, school nursing service stood down to all except children's safeguarding work. In Phase One of rebuilding services, the Trust will address the backlog in immunisations in post primary school age children. The Trust is awaiting Regional Guidance with regard to school opening to help plan for school nursing contacts.

Immunisation

During surge, school health immunisation temporarily ceased. In Phase One of rebuilding services, the Trust is awaiting DOH and PHA direction on recommencing school based immunisation programmes.

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 packages have been provided to vulnerable families. In Phase One of rebuilding services, the Trust will continue to provide support to vulnerable families through bespoke, individual packages and during June will begin to scope the potential for reinstatement of services within the guidelines.

Children and Adolescent Mental health Services (CAMHS)

During surge, routine CAMHS and autism work was stood down. However the CAMHS Assessment Crisis Team remained operational. In Phase One of rebuilding services, the Trust will commence video/telephone clinics for CAMHS and Autism across all areas and introduce online options for group based therapeutic intervention.

Court Children's Services

During surge, the Court is dealing with emergencies only. In Phase One of rebuilding services, redeployed staff to return to Court Children's Team by mid-June to address the backlog in private law Court work.

Looked After Children (LAC)
During surge, statutory visits and review appointments for LAC were partially stood down and alternative opportunities for providing support were established. Child protection visits were risk assessed to determine if a visit could take place. Were possible, Case Conferences and LAC Reviews to take place remotely (by video or telephone). In Phase One of rebuilding services, Child protection face to face visits with recommence as required. All face to face visits to LAC will be subject to risk assessment. The Trust will commence the new outreach 'edge of care' pilot focusing on preventing admission and preventing placement breakdown.

Acute and Community Paediatric Service
During surge, the Trust provided virtual acute and community paediatric outpatient clinics only. Community children' nursing service providing on call 24/7 end of life care and urgent respite care. In Phase One of rebuilding services, the Trust will commence face to face paediatric outpatient clinics for urgent cases. Video/telephone clinics for Child Development Clinic will commence.

Paediatric Inpatient Services
During surge, there was a temporary closure of DHH Paediatric Inpatients beds and centralised all paediatric inpatient care to the 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. In Phase One of rebuilding services, enabling works are required to facilitate the reinstatement of 5 inpatient beds on the DHH site. These will be progressed during the month of June. Respiratory Physio Response to be handed back to the Acute Physiotherapy team. Flexibility will be required regarding the approach moving forward to adapt to changing need.

Allied Health Professional Services – for children
During surge, telephone reviews are being carried out for routine cases. Advice and therapy packs are being given. All families of children seen by school based AHP services have been given alternative contact details for support from therapists. In Phase One of rebuilding services, face to face appointments will be provided for urgent cases either in clinic or at their own home for domiciliary assessments.

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. In Phase One of rebuilding services, the Trust will maintain and further enhance our Acute Care at Home Team to support acutely unwell older people requiring care and support in their own home and in care homes. The Trust will also continue to provide the virtual ward and will continue to virtually monitor and support the Covid 19 positive patients in the community.

Day Care

During surge the Day Care centre facilities temporarily closed and will remain closed during the month of June.

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. In Phase One of rebuilding services, further education, training and targeted deployment of operational support staff will continue in line with service needs during this next stage. Staff will continue to support our response to Covid-19 where required in critical care areas and in support of our care home sector during June unless required to return to service areas agreed for restart in our Stage 1 plan. Estate services will move to progress Trust backlog maintenance plans.

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. In Phase One of rebuilding services, the service continues to redirect resources to support control and prevention of transmission of Covid 19 and advise on IPC aspects of restart, where resources permit, in a phased approach services will be restarted on a risk managed basis.

Expanding, Redeploying and training our Clinical and Social Care Workforce
During surge, to support the rapid need to expand our clinical workforce in response to Covid 19, 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 were redeployed to support our key specialities during the Covid 19 initial phase and social care staff were redeployed and some retrained and upskilled 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 One of rebuilding services, service provision options for supporting staff in the longer term will continue during June. Medics will return to their base speciality areas, with an understanding that they may be redeployed if there is a second surge. Training programmes will largely remain at minimum levels in June using social distancing and virtual platforms. New and innovative methods of providing undergraduate teaching are being identified and some post graduate training will recommence including use of digital technology and a range of clinical trials that have commenced nationally in response to Covid 19 related mortality.

Psychological Services

Psychological services across programmes of care have been provided at a reduced level to families in a number of areas. This service have 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.

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.

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 |

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

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

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

In relation to Access to Services, there are 24 rural areas served by SHSCT that rank amongst the top 100 most deprived Super Output Areas (SOAs) – Ballyward being the 4th highest ranking and Carrigatuke ranking 100th.

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

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

The Trust's Phase 1 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 continue to be changed.

Below are the actions in the Phase 1 Plan that are likely to be relevant for rural needs as a result of ongoing or planned changes:

- Urgent and Emergency Care - The single access to ED via CAH; split respiratory and non-respiratory flow at CAH; Paediatric Ed established in Blossom Children's Unit; Mental Health Emergency Assessment Unit created within Bluestone Mental Health Unit will continue for the next 4 weeks, this could have an impact on people living in a rural area.
- Day Surgery and Endoscopy - the Trust will further increase endoscopy provision at DHH and STH and via the independent sector.
- Outpatient Services - there will be a further expansion of video/telephone clinics where this has proved effective. Video/telephone clinics will be established and will start in June a number of specialities who work within the compromised space available in hospital sites and maximising alternative accommodation options where possible. A 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
- Inpatients Elective and emergency Surgery for Adults and Paediatrics - Further roll out of planned 'virtual visits' across inpatient areas.
- Respite - access to independent sector respite services will increase. Trust to scope the capacity of Woodlawn House to provide respite and assist in supporting the community Covid-19 response
- Community Addiction Services - the service will scale up the community addition service to deliver new and review video/telephone and face to face clinics within staffing capacity.
- Children with disabilities - the Trust will continue to provide support to vulnerable families through bespoke, individual packages.
- Children and Adolescent Mental health Services (CAMHS) - the Trust will commence video/telephone clinics for CAMHS and Autism across all areas and introduce online options for group based therapeutic intervention.
- Acute and Community Paediatric Service - Video/telephone clinics for Child Development Clinic will commence.
- Allied Health Professional Services – for children - In Phase One of rebuilding services, face to face appointments will be provided for urgent cases either in clinic or at their own home for domiciliary assessments.
- Residential/Nursing and Community Care Services - The Trust will also continue to provide the virtual ward and will continue to virtually monitor and support the Covid 19 positive patients in the community.
- Day Care - centre facilities will remain closed during the month of June.
- Multidisciplinary Support to our Operational Services - further education, training and targeted deployment of operational support staff will continue in line with service needs during this next stage
- Expanding, Redeploying and training our Clinical and Social Care Workforce - service provision options for supporting staff in the longer term will continue during June. Medics will return to their base speciality areas, with an understanding that they may be redeployed if there is a second surge. Training programmes will largely remain at minimum levels in June using social distancing and virtual platforms.
- Visitors - visiting across hospitals and health care settings will remain restricted to maintain the safety of our staff and visitors.

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 1 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;	
Rural Development		Broadband/Mobile Communications in Rural Areas	X	Public transport	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)

- ➢ 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 1 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. ☐

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